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ABSTRACT

This guidebook provides information for caseworkers who investigate allegations of abuse, neglect, financial exploitation and who also provide ongoing case management and follow-up with victims of abuse. The program focuses on caseworkers' attitudes and their knowledge and skills in dealing with abusers, particularly abusers who are chemically dependent. The guide arose from a research project which examined 537 substantiated cases of elder abuse and neglect cases so that investigators could understand better those interventions which reduced the risk of future abuse, neglect, and financial exploitation among the elderly. Researchers found that not all cases of elder abuse "get better." Cases least likely to improve over time include those involving chronic and/or severe abuse, substance abuse of the abuser, the abuser's inability to respond appropriately to stress, and the financial dependence of the abuser on the victim. Unfortunately, caseworkers frequently overlook information about the abuser during the initial investigation of abuse allegations and, subsequently, many intervention strategies do not focus on modifying or changing the abuser's behavior. Unless interventions include serious attempts at resolving the problems of abusers, the victims' situations are not likely to improve. The guidebook outlines the format and the materials needed for the program. Appendixes include: lifeboat rules, training evaluation, and a caseworker handbook. (RJM)

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ED 376 414

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

A Training for Elder Abuse and Neglect Caseworkers

TRAINER'S GUIDEBOOK

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Illinois Department on Aging

Jim Edgar, Governor
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CG025834

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IMPROVING OUR EFFECTIVENESS
IN WORKING WITH ABUSERS

A Training for Elder Abuse Caseworkers

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INTRODUCTION TO TRAINERS

Background

This training has been designed for caseworker's who have the responsibility for investigating allegations of abuse, neglect, and financial exploitation and for providing ongoing case management and follow-up with victims of abuse. The training program has been developed to focus on caseworker's attitudes, knowledge and skills in dealing with abusers, particularly abusers who are chemically dependent.

The trainer's guidebook and the handbook for case workers were developed as a result of a research project examining elder abuse and neglect cases in Illinois. The goal of the project was to better understand what interventions are successful in reducing the risk of future abuse, neglect, and financial exploitation among elder abuse vicitms.

The research project was administered by the Illinois Department on Aging and was funded through a Title IV-A grant from the federal Administration on Aging. SPEC Associates, a research, evaluation, and training firm, was responsible for collecting and analyzing data from 537 substantiated cases of abuse.

This study represents the first known objective investigation of interventions and outcomes for elder abuse victims. Several important findings from this research led to the preparation of this caseworker training curriculum. One important finding is that not all cases of elder abuse "get better." Cases least likely to improve over time are those involving chronic and/or severe abuse, substance abuse of the abuser, the abuser's inability to respond appropriately to stress, and the financial dependence of the abuser on the victim. Although this finding emphasizes the role of abuser behavioral and emotional problems on maintaining high risk situations for abuse victims, the research also found that information about the abuser is most often not obtained during the initial investigation of abuse allegations (i.e. little is known about the abuser) and that interventions strategies are not focused on modifying or changing the abuser's behavior.

The findings of this study indicates that unless interventions take serious aim at resolving problems of abusers, victims' situations are not likely to improve. This is especially true when there is substance abuse of the abuser. Chemical dependency of the abuser predicts continued high risk of further abuse of the victim and substance abuse, among other risk factors, is the least likely to change over time. This means that caseworkers must learn more about substance abuse in the family. They must look beyond the aging network for services likely to help the abuser. Caseworkers must learn how to identify chemical dependency and what to do after the problem emerges.

Format of the Training

The training curriculum is designed to be a seven hour program, including a one hour lunch and two fifteen minute breaks. The curriculum utilizes a variety of training techniques encouraging active participation: lecture, discussion, questioning, small group excercises, etc.

The presentation of the training is guided by the use of outlines shown on an overhead projector.

Each outline lists the key points that will be made on the particular topic being discussed. The trainer's guidebook and the caseworker handbook have been developed around the use of the outlines.

The caseworker handbook is in two parts:

1) Numbered outlines that match the outlines that will be displayed on an overhead projector. Since the key points are already listed on the page, participants can focus their attention on the content of the presentation. The participants can also write their notes on each page of the outline.

2) Handouts, within the handbook, that the participants can read at their convenience. These handouts will be covered during the training; however, we feel they are useful and hopefully will provide insights and assistance to participants after they leave the training.

The trainer's guidebook includes the numbered outlines that appear in the caseworker handbook plus trainer's notes. Each numbered outline/overhead is accompanied by trainer's notes. The trainer's notes provide the trainer a step by step guide to the training content, the recommended amount of time to be spent on each outline/overhead, and the methods used to present the information (lecture, questioning, small group discussions, etc.).

Material and Equipment Needs

The following is a list of material and equipment needs for this training:

- A copy of the caseworker's handbook for each training participant.
- The numbered outlines appearing in the caseworker's handbook copied onto transparencies.
- An overhead projector and screen. It is a good idea to have in your possession an extra lightbulb for the overhead projector.
- Two flip chart stands and newsprint.
- Several large magic markers.
- A sufficient number of copies of the Overboard role plays to hand out to participants. The role plays are located in the appendices section of this guidebook.
- A sufficient number of training evaluations to hand out to participants. A copy of a training evaluation is located in the appendices section of this guidebook.

Overhead: Cover Sheet (for the Welcome) (5 minutes)

Trainer's Notes:

- Have this overhead on the projector while the participants are first arriving and as you are welcoming them to training.
- **Welcome** the participants to the training.
- Identify the **training topic**.
- **Introduce yourself and any co-trainers**.
    - Give a brief statement (no more than 3 minutes) of your background in elder abuse training.
    - Emphasize any clinical experiences you have had working with elder abuse victims and/or abusers.If you don't have clinical experience, emphasize any training experiences you have had.
    - Also, emphasize any background in other areas related to elder abuse, adult protective services, domestic violence, etc.
- **Identify the sponsor** of the training and the funding source.

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

A Training for Elder Abuse and Neglect Caseworkers

Welcome

Overhead 1: Agenda (8 minutes)

Trainer's Notes:

- Show agenda. Briefly describe what activities and topics will be covered during the day long training.

- Point out that breaks and lunch will be as scheduled.

- There may be some flexibility in the schedule depending upon worker questions: **We want the training to be responsive to caseworker concerns**. Encourage the caseworkers to ask questions at any time during the day.

- Caseworker Handbook: The handbook should have already been distributed to the participants. Explain to them the **format of the handbook**. The handbook is in two parts:

  1) Numbered outlines that match the outlines that will be displayed on the overhead projector.

  2) Handouts, within the handbook, that the participants can read at their convenience. These handouts will be covered during the training; however, we feel they are useful and hopefully will provide insights and assistance to participants after they leave the training.

- At this time **have the participants introduce themselves**: name, agency, title, etc. Once all have been introduced, ask the following questions to assist the trainers understand their "audience" a little better:

  How many of you have investigated a new report of abuse in the past week? (show of hands) the last month?

  How many of you very rarely go out on elder abuse cases?

- Ask if there are any **questions** before proceeding with the training.

#1

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

AGENDA

9:00	Welcome & Introductions
9:15	What We Know About Perpetrators
9:30	"Overboard"
10:00	Working with Perpetrators
10:45	Break
11:00	Working with Perpetrators, continued
12:30	Lunch
1:30	Intervening When Substance Abuse is an Issue
2:30	Break
2:45	Evaluating Caseworker Factors
3:00	Dealing with the Dynamics of Shame
3:30	Applying Lessons from Domestic Violence
3:55	Evaluation
4:00	Adjourn

Overhead 2: Training Objectives (2 minutes)

Trainer's Notes:

- **Emphasize the goal** of the training:

  The training will focus on improving our effectiveness in working with abusers and resolving elder abuse cases, particularly with high risk cases.

- Briefly discuss each of the **training objectives**. If you discussed them in detail as you reviewed the agenda, use this overhead to **summarize** what you've just said.

- Questions????

#2

TRAINING OBJECTIVES

- Improve our skills in working with abusers.

- Practice techniques used to interview abusers.

- Recognize the importance of the caseworker in successfully addressing abuse issues.

- Understand the issues of substance abuse, shame, and feelings and their impact on abusive situations.

WHAT WE KNOW ABOUT

PERPETRATORS

Overhead 3: Specific Research Questions (2 minutes)

Trainer's Notes:

- The development of this training program was a **result of a research project** examining elder abuse and neglect cases in Illinois.

- The **purpose** of the three year project was **to better understand what interventions are successful in reducing the risk of future abuse, neglect, and exploitation** among elder abuse victims.

- There were **ten specific research questions** that the project attempted to address. The trainer does not need to read the questions at this time.

- The research, conducted by SPEC Associates on behalf of the Illinois Department on Aging, **analyzed data from 537 substantiated cases** of abuse, neglect, and financial exploitation received in 1991 and closed at the time of the study.

- The researchers reviewed the case files of the 537 including: the **investigation report, risk assessment** (A tool developed by the Florida APS system that examines 23 'risk factors' in five categories: client factors, perpetrator factors, environmental factors, support services, and the current/historical abuse situation. The risk assessment guides care planning and is administered every three months by the caseworker to assist the caseworker in identifying improvements and areas where the case has remained the same. Each factor is scored as being no/low risk, medium risk, or high risk and an overall risk score - low, medium, high - is assigned to the case utilizing the clinical judgement of the caseworker.), and **care plan**.

- These ten questions were answered through the research. The Illinois Department on Aging has the final report, if you would like to find the answers to each question. We will only focus on the results that are relevant to our training here today.

- Questions????

#3

SPECIFIC RESEARCH QUESTIONS

The purpose of the three year project was to better understand what interventions are successful in reducing the risk of future abuse, neglect, and exploitation among elder abuse victims.

1. Are certain types of abuse, neglect, and financial exploitation (ANE) more likely to have successful interventions than others?
2. Is the immediacy or severity of ANE related to future success?
3. Are there characteristics of the abuser and/or family taht predict the likelihood of success in intervening?
4. Are initial risk factors of the victim related to future success in intervening?
5. What risk factors are likely to change in successful interventions?
6. Is there a pattern of services related to successful and unsuccessful interventions, or is success more related to characteristics of the victim or abuser?
7. Can successful case closure be predicted by the status of the case only 90 days after intake?
8. Does the amount of casework time spent on a case predict successful interventions?
9. Are cases of self-reported ANE more often resolved thatn cases reported by someone else?
10. Is the length of time a case stays open within an agency related to a reduction in risk?

Overhead 4: Characteristics of Abusers

Trainer's Notes:

- **Emphasize that these results are similar to other research on elder abuse, but that this is the first evidence of substance abuse as a fairly frequent characteristic.**

  If you look at the characteristics of the abusers in this data set, many of the findings should not surprise you.

- As with many other studies, the abuser in this study was most likely to be a child of the victim, living with the victim, and middle-aged.

- The perpetrator is often the caregiver of the victim.

- Allow participants to view the list. Then focus on the fact that substance abuse was reported by the caseworkers as a barrier for 13% of the abusers. Although this is not a large percent, it was the **most frequently cited barrier**.

- Discuss how characteristics of the perpetrator match with their perception of abusers in cases they have handled.

- Questions????

#4

CHARACTERISTICS OF ABUSERS

★ Most frequently (39%), the **child** of the victim.

★ Almost equally split between males (54%) and females (46%).

★ Average age of **47 years**.

★ Most likely to be **Caucasian** (68%) -- as were the victims.

★ Virtually **none had a formal legal relationship** to the victims at the time of the report.

★ Sixty percent **lived with their victims**.

★ 53% were also caregivers to the victims.

★ **Chemical dependency** was the most frequently reported barrier -- present in 13% of the cases.

Overhead 5: Characteristics of Victims

Trainer's Notes:

- **Emphasize that the victims in this study had characteristics common to victims in other research.**

  As you look at the characteristics of victims listed here, you should not be surprised.

- Quickly review the list of characteristics.
- Discuss how this list compares with victims served by the participants.
- Questions????

#5

CHARACTERISTICS OF VICTIMS

- ★ The most frequently reported abuse was **financial exploitation** (49%), followed by:
  - emotional abuse (36%),
  - neglect (33%), and
  - physical abuse (22%).
- ★ Most often reported by **social workers.**
- ★ Ages ranged from 60 to 99, averaging **77 years.**
- ★ 72% were **Caucasian.**
- ★ 73% were **female.**
- ★ 52% were **widowed.**
- ★ 74% **lived in their own homes.**
- ★ Most (73%) **lived with someone else.**
- ★ The predominant barrier was **functional impairment** (33%).
- ★ Substance abuse was a barrier for 3%.

Overhead 6: Two Pie Charts: Overall Risk Scores at Intake (1) and Closure (2)

Trainer's Notes:

- **Emphasize that most of the cases improve in risk from intake to case closure.**

  These results help to show you what happens to victims from the time of the report until the case is closed. The two pie charts show the risk scores of victims, which are rated by the caseworker as a 1 or low or no risk, 2 or moderate or intermediate risk, and 3 or high risk.

- Point out that while 2 out of ten are at high risk at intake, fewer than one out of ten (9%) are at high risk by the time of case closure.

- Note that while one-third were at low risk at intake, two-thirds were at low or no risk by the time the case was closed.

- You could point out data that is not on the overhead about those cases that close at high risk:

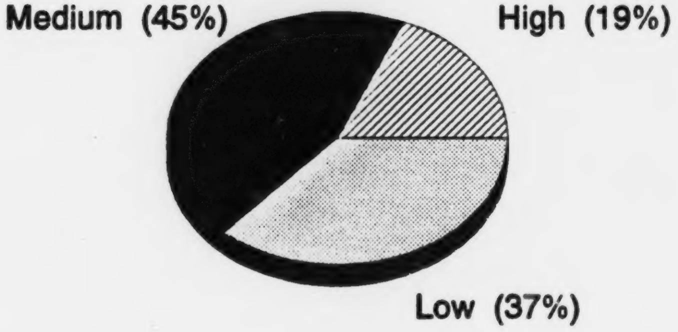
  - 13% moved out of the area
  - 23% died
  - 21% refused services
  - 43% were placed into long term care

  If you discuss these figures, note the caveat that this was the first year of the program and the researchers think the data may not be representative of all victims. Only 15% of the cases were closed and included in the study.

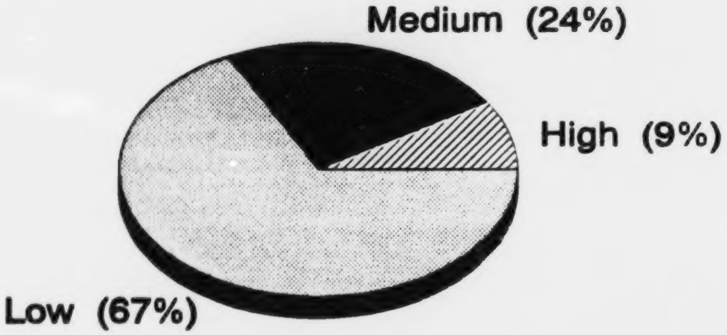
- Questions????

#6

Overall Risk Score at Intake



Overall Risk Score at Closure



Overhead 7: Cases that Stay High Risk

Trainer's Notes:

- **Focus on the importance of the perpetrator in cases that remain at high risk.**

  Here is a list of the risk factors that the research shows are continually present in cases that remain at high risk. Does anyone see a pattern?

- Wait for participants to review the list. See if anyone points to the fact that virtually all of the factors involve the abuser.
- Discuss whether participants have cases where it seems that nothing will work. Are the factors involved in these cases similar to those listed on the overhead?
- Questions????

#7

CASES THAT STAY HIGH RISK

★ **Perpetrator** overreacts or **inappropriately reacts to stress** or suffers chronic fatigue.

★ Sex abuse or **escalating pattern** of severe abuse.

★ **Perpetrator financially dependent** on victim.

★ **On-going history or pattern** of increasing abuse or previous substantiated reports.

★ **Chronic substance abuse, alcoholism** or other special problem of perpetrator.

Overhead 8: Risk Information Unavailable

Trainer's Notes:

- **Focus on the fact that despite the importance of the abuser in cases remaining high risk, information about the abuser is most likely to be missing during an assessment.**

  This graph shows the 23 different risk factors that were assessed by the elder abuse worker at intake and three months later. The graph shows the percent of cases that the elder abuse worker had no information on -- both at intake and three months later.

- **Note one caveat with the data -- that the caseworker was instructed to skip three risk factors if the abuser was not the caregiver. These were also the risk factors which had the highest percent of missing information -- mental health, health and stress.**

- Even if these were deleted, information about the substance abuse of the abusers is most frequently missing.

- Coupled with the fact that substance abuse, when known, is the major barrier of abusers, leads to a focus on the need to obtain better information about abusers -- particularly about chemically dependency.

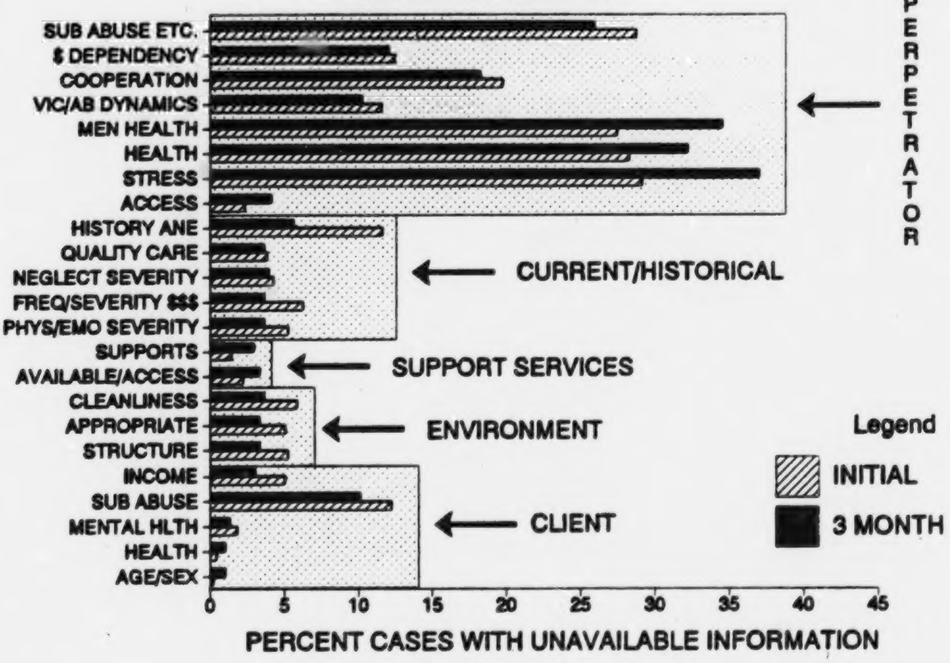
- Generate a discussion about why caseworkers may not get information about abusers -- fear? discomfort? abuser refusal to cooperate? victim not giving consent to talk to abuser? not knowing what to ask?

- Questions????

#8

RISK INFORMATION UNAVAILABLE

(INITIAL & 3 MONTHS)



Overhead 9: What should be known about Abusers?

Trainer's Notes:

- **Focus on the fact that the eight areas of information came from research done in Florida in the development of a comprehensive risk assessment instrument.**

  The State of Florida, Adult Protective Services Unit, conducted research on the components of risk for elder abuse. One of the components of risk in their studies is information about the abuser. The overhead shows the areas they determined should be known about abusers.

- Ask participants to help you define each of these areas. Use the definitions on the following page to help the discussion.

#9

WHAT SHOULD BE KNOWN ABOUT ABUSERS

- ★ Access to the victim
- ★ Stress in home and response
- ★ Physical health
- ★ Mental/emotional health
- ★ Perpetrator-victim dynamics
- ★ Cooperation with investigation
- ★ Financial resources
- ★ Substance abuse or other special problems

- ★ **Access to the victim** (Complete or unrestricted? Unpredictable or uncertain? Denies access to victim? Opportunity to be alone with victim?)
- ★ **Stress in home and response** (Gross overreaction or highly inappropriate? Difficult or prolonged adjustment to crises? Anger, fatigue, depression or frustration?)
- ★ **Physical health** (Severely limited physically? Rapidly deteriorating? Physically handicapped?)
- ★ **Mental/emotional health** (Functionally impaired? Chronic history of mental illness? Uncontrolled mental impairment? Desire to harm victim? Bizarre or violent behavior? Suicidal? Nonresponsive to victim? Threatens victim?)
- ★ **Perpetrator-victim dynamics** (Victim has unrational desire to protect abuser? Bonding that causes victim to tolerate abuse? Victim emotionally dependent on perpetrator? Victim obsessed with perpetrator? Victim makes excuses for perpetrator? Victim guilty, shamed about situation? Victim reluctant to discuss situation?)
- ★ **Cooperation with investigation** (Doesn't believe there is a problem? Refuses to cooperate? Feels obligated to care for victim? Minimal cooperation?)
- ★ **Financial resources** (Financially dependent on victim? Parasitic or opportunistic behaviors?
- ★ **Substance abuse or other special problems** (Chronic substance abuser? Chronic alcoholic? Phase of recovery?)

#9

WHAT SHOULD BE KNOWN ABOUT ABUSERS

★ Access to the victim

★ Stress in home and response

★ Physical health

★ Mental/emotional health

★ Perpetrator-victim dynamics

★ Cooperation with investigation

★ Financial resources

★ Substance abuse or other special problems

Overhead 10: Lifeboat Rules

Trainer's Notes:

- This is an **"Ice Breaker" with a purpose**.

- Each person will be given a role to play, and no one else should see the instructions for the role. The "lifeboat roles" are located in the Appendices Section of this Guidebook. Make sure you have enough copies made for the size of your group.

- **Divide the group into 4 "Boats" of 10 persons each**. Handout roles face down. If the groups are less than 10, take out the same role (Widowed Mother of Three) from each.

- Go over the **rules**.

  - One person in the group **MUST** be thrown overboard.
  - Be sure that everyone understands that each person must fight for his/her own survival.
  - No one should volunteer all information, but must answer honestly any direct questions.
  - There are two goals: 1) individual goal - to not get thrown out; and 2) group goal - to reach consensus on which **ONE** person should go overboard.

- **Circulate among the groups** to see how they progress. Are they establishing any standards? Are they finding out information such as short life spans of some? Are they scapegoating? Try to keep them moving.

- At the end of 12 minutes, have every group reach a decision. **Find out who got thrown overboard and lead the discussion** by asking questions:
  How did the group decide?
  Did they interview and get enough information?
  Did they value lives differently? on what basis?
  Did they "scapegoat" someone who was hindering their process?

- **Point of the exercise:** In elder abuse investigations, we go out and interview and make judgments. Often we must make serious decisions under severe time constraints. Sometimes we apply our values - personal values, purpose in life, and the utility of the person to society at large. Can we understand reasons why an alleged abuser or abuser may not share everything about themselves, especially negative things, because they want to survive (i.e. not get thrown overboard). Do we respect the human worth of all people, abusers as well as victims?

- This exercise also shows that **alleged abusers are in trouble.** Generally, three out of four who are thrown overboard will be abusers. This exercise can also show how we get "predisposed" prior to the initial visit by the information gained at the intake call.

#10

LIFEBOAT RULES

- Everyone has a chance to survive if one less is in the boat.
- One person has to be thrown overboard.
- No one can volunteer.
- Decision must be made by the whole group. (Unanimous except for one to go over)
- Direct questions must be answered honestly.
- The rules can't be changed.

WORKING WITH PERPETRATORS

Overhead 11 and 12: Lovey Intake (3 minutes)

Trainer's Notes:

- We will begin looking at interventions by thinking about **how we approach alleged abusers.**
- Tell the group to **look over the Lovey intake**. Briefly flash the intake onto the overhead projector.
- NOTE: Section E. dx'd means diagnosed. MS stands for multiple sclerosis.

#11

ANE INTAKE FORM

SECTION A: CASE CONTROL INFORMATION

CLIENT #	DATE OF INTAKE	INTAKE TIME ☐ AM ☐ PM	AGENCY NAME	TYPE ☐ 800U ☐ RAA ☒ AGENCY

SECTION B: VICTIM INFORMATION

ALLEGED VICTIM'S NAME Elizabeth "Libby" Lovey	AGE 73	PHONE 555-1234

ADDRESS (street, city, county, zip): 1234 E. Long St., Big City IL

DIRECTIONS TO THE HOME:

BEST TIME/PLACE TO REACH ALLEGED VICTIM: Home all the time

SECTION C: PRIORITY AND DANGER

REASON REPORT WAS CATEGORIZED AS ELDER ABUSE PRIORITY CODE ☐ I ☒ II ☐ III

CLIENT IN IMMEDIATE DANGER? ☒ NO ☐ YES ☐ UNKNOWN - SPECIFY:

CLIENT IN NEED OF IMMEDIATE ASSISTANCE? ☒ NO ☐ YES ☐ UNKNOWN - SPECIFY:

DANGEROUS SITUATION? ☐ NEIGHBORHOOD? ☐ ANIMALS? ☒ DRUGS? ☐ WEAPONS? ☐ UNKNOWN - EXPLAIN:
Per reporter, alleged abuser seems to be "high" sometimes

SECTION D: ABUSER INFORMATION

NUMBER OF ALLEGED ABUSERS 1

ABUSE #1 NAME Dara Dutiful		ABUSER #2 NAME	
ADDRESS 510 N. Short St. Big City, IL		ADDRESS	
PHONE 555-3456	AGE 45	PHONE	AGE
RELATIONSHIP TO ALLEGED VICTIM Daughter		RELATIONSHIP TO ALLEGED VICTIM	

[illegible]

#12

SECTION E: DESCRIPTION OF THE REPORT

REPORTER'S STATEMENT

Reporter said she & alleged abuser share caregiving responsibity for Mrs. Lovey, who has been dx'd w/ M.S. for many years. Mrs. Lovey can be alone over night – able to call for help, but needs assistance in all ADL. "Aunt Libby complains that she can't buy things she needs because of Dara." "Dara hasn't been feeding Aunt Libby when she's supposed to and has let her lie in a mess." "She hasn't taken her to see her doctor." (Physician is IMA HEALER, MD, at Big City Clinic.)

ABUSE(S) SUSPECTED:

☐ PHYSICAL ☐ SEXUAL ☐ EMOTIONAL ☐ CONFINEMENT ☒ P. NEGLECT ☐ DEPRIVATION ☒ FIN. EXPLOITATION

IS CLIENT AWARE OF THE REPORT? ☐ YES ☒ NO

IS ABUSER AWARE OF THE REPORT? ☐ YES ☒ NO

SECTION F: REPORTER INFORMATION

REPORTER NAME Nancy Niece	PHONE 555 - 6789	WILL PROVIDE FURTHER INFO? ☒ YES ☐ NO

ADDRESS 234 E. Narrow St., Big City, IL

REPORTER TYPE (CHECK MOST APPROPRIATE BOX)

☐ SELF
☐ SPOUSE
☐ PARENT
☐ CHILD
☒ OTHER RELATIVE niece
☐ NEIGHBOR
☐ SOCIAL WORKER
☐ NURSE
☐ MEDICAL PERSONNEL
☐ PHYSICIAN
☐ HOSPITAL
☐ CARETAKER (NON-REL)
☐ HOUSEMATE (NON-REL)
☐ LEGAL GUARDIAN
☐ PARAPROFESSIONAL
☐ LAW ENFORCEMENT
☐ IN-HOME WORKER
☐ ALLEGED ABUSER
☐ ANONYMOUS
☐ ATTORNEY
☐ OTHER (SPECIFY):

OTHERS WITH INFORMATION	NAME None acc'ding to Reporter	ADDRESS	
	RELATIONSHIP TO ALLEGED VICTIM	AWARE? ☐ YES ☐ NO	PHONE
	NAME	ADDRESS	
	RELATIONSHIP WITH ALLEGED VICTIM	AWARE? ☐ YES ☐ NO	PHONE

SECTION G: AGENCY REFERRAL

REFERRAL DATE	REFERRAL TIME	AGENCY NAME	PHONE	AGENCY CODE
WORKER RECEIVING REFERRAL		REPORT TAKER	REPORT TAKER PHONE:	

SECTION H: REPORT TYPE

TYPE OF REPORT ☐ INITIAL ☐ RELATED INFORMATION ☐ SUBSEQUENT

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Overhead 13: Beginning Interviews w/ Alleged Perpetrators (5 minutes)

Trainer's Notes:

- We are more likely to be able to reduce risk if perpetrator is involved. As we've discussed, **INTERVIEWING THE ALLEGED PERPETRATOR IS PART OF YOUR RESPONSIBILITY**. There is not a mandate to accuse, or to confront.
- **We are trying to understand any circumstances or events which may have put the older person in harm's way in the past and** which may continue to put elder at some risk of harm **in the future**.
- Tell the group to **read this page** in their handout and flash the overhead on the screen.
- **SUMMARIZE**: Each person is a worker alone on a home visit. The action occurs as described here. The "yoo hoo" is heard and someone comes in and, upon seeing you, introduces herself as Dara Dutiful. From the Intake this is the alleged perpetrator. She seems a little harried. There is no sign of her being "high" on anything.
- Put up **Overhead 14.**

#13

BEGINNING INTERVIEWS WITH ALLEGED PERPETRATORS

After reviewing the Lovey Intake with your supervisor, you go the next morning to Mrs. Lovey's home.

Mrs. Lovey is alone. She shouts from the bed for you to come in. She has not been cleaned up yet this morning, and there is a strong odor of urine and feces. Mrs. Lovey is very thin.

You notice that her glasses are broken and have been taped together. The tape looks like it's been there a while. When you comment that it looks like she's had a problem with her glasses, Mrs. Lovey indicates it's been a long time problem, but she hasn't been able to afford to replace them.

Mrs. Lovey is rather vague throughout the interview. She is not clear on whether she is expecting her daughter or her niece to come and assist her this morning. You administer a mental status exam, but it is not conclusive. She is willing for you to talk with anyone you want. She doesn't seem to understand what you are concerned about, but makes some vague complaints that everything is not like she wants it.

While you are there, someone else arrives. She comes into the house with a "yoo-hoo" and when she sees you, she introduces herself as Dara Dutiful.

Overhead 14: Ms. Dutiful

Trainer's Notes: Introduce yourself to Ms. Dutiful.

- Ask the participants to each write down exactly what they would say to Ms. Dutiful. Give them time to complete their quotes. Ask for different people to share their introductions. Be sure participants actually say what they wrote down. You may want to use a flip chart to highlight key phrases used by the participants.

- Lead a discussion on the **strengths and problems/issues of each introduction**. Be aware of the likely response by Ms. Dutiful to the introduction.

- Usually there will be a **variety of styles** from the "soft" ("Gee, I wander around neighborhoods looking for old people who may need help.") to the "hard" ("We got a report. I'm here to investigate. I want the facts, just the facts, ma'am.") approachs. Below are examples:

  - "I'm ___ from ____. I've been speaking with your mom about her needs." [A simple, open ended approach. Can see what type of response is forthcoming and then decide on more specific approach if needed.]

  - "I'm ___ from ____. Our agency provides case management services for older persons and determines eligibility for the state's in-home care program. Part of my job is to investigate calls of possible abuse, neglect, or exploitation,and we need to talk." [Direct. The "we need to talk" is inclusive. Better than "I need to talk with you."]

  - "We've had a call." [Ms. Dutiful may focus on **who called**]

  - "We've had a report." [Same problem: **who, what report**]

  - "I work for a home care agency. I'm here to see if there is any help Mrs. Lovey needs." [Too soft, gives an easy out, and not necessarily honest. "No help needed.]

  - Be more focused than "We have services you may need."

- **Focus on content of report** rather than that a report has been filed. "I understand your mom has some unmet needs."

- Other questions to ask the group: "Are there times when you will want to be very explicit about report and process by which reports are handled? E.g., what if alleged perpetrator is an attorney?"

INTERVIEWING MS. DUTIFUL

- Introduce Yourself to Ms. Dutiful.

- Make a response.

- How do you start the interview upon your return?

Overhead 14: Ms. Dutiful (continued)

Trainer's Notes: Make a response.

- After discussing responses to first, give the group **Ms. Dutiful's response**:

  > *"Ms. Dutiful says she'd better get Mom cleaned up, it was nice of you to visit, would you mind coming back another time."*

- Again **give everyone time to formulate a response**. Then have responses shared. You may want to use a flip chart to highlight key phrases used by the participants.

- **Lead a discussion** on the strengths and problems/issues of each response. Let the group identify the strengths and weaknesses. Be aware of the likely reaction by Ms. Dutiful to the response.

- Some **possibilities**:

  - "Okay. What time can I come back later today."
  - "That would be fine. (Turn to Mrs. Lovey) Is that okay with you if I come back?"
  - (Turn to Mrs. Lovey) "I'd like to stay for awhile. Is it okay with you if I stay or do you want me to come back later? (What happens if Mrs. Lovey would not want the caseworker to stay?)
  - (Try asking questions immediately) "I see your mom has some problems taking care of herself, what do you generally do for her?"
  - Other Examples: Offer to help. Ask to wait in the living room. Consult with Mrs. Lovey: How to be inclusive, so that you do not, after just meeting Dara, turn aside from her and talk only to Lovey?

- **The response to Ms. Dutiful should set up our next visit.** Ask the group: "Who do you want to talk to on your return? Did you make it clear that you and alleged perpetrator need to talk, not just you & alleged victim? Did you nail down a time? Did you make it clear you also want to talk with Ms. Dutiful?"

- ***Key Point:*** We don't want to lose access to the victim.

#14

INTERVIEWING MS. DUTIFUL

☞ Introduce Yourself to Ms. Dutiful.

☞ Make a response.

☞ How do you start the interview upon your return?

Trainer's Notes: **How do you start the interview on your return?**

- Tell the group that Ms. Dutiful says it would be fine for you to come back in about an hour (or wait in the living room). She says that Mother should be cleaned up and eating her breakfast by then, and you and Dutiful can talk.

- Again **give everyone time to formulate their ideas** and participants should write down the actual script. Then have responses shared. You may want to use a flip chart to highlight key phrases used by the participants.

- Lead a discussion on the strengths and problems/issues of each response. Let the group identify the strengths and weaknesses. Be aware of the likely reaction by Ms. Dutiful.

- Some possibilities:
  - Give card and re-introduce self. "I am ____ from ____."
  - "Mrs. Lovey, while your eating, can your daughter and I talk in the living room?
  - "It must be difficult to care for you mother. How long have you been doing it?"
  - "Are you the only person who takes care of your mother?"
  - "My goodness, that's so much work. Are you doing this by yourself?"
  - "A call was made from someone who expressed concerns about your mother. I work for an agency that is supposed to follow-up on calls and see if we can help." (Would this approach be appropriate for a severe physical abuse case?)

- Make sure the participants understand that **"In speaking with or reacting to Ms. Dutiful that there is not an assumption that Ms. Dutiful is guilty. All we have at this time is an allegation. She has been pleasant and cooperative."**

- Also note to the participants, that as they expect to do more talking with Mrs. Lovey, it is also important to **get information from Ms. Dutiful**. Obtaining information from the alleged perpetrator does not have to be confrontational or be an interrogation.

- This is an actual intake of an elder abuse and neglect report. **"In fact, Dara Dutiful was not guilty. In this case, the reporter was the real abuser - exploiting and neglecting. Did you maintain neutrality?"**

- Inform the participants that Dara is always checking up on her mom and doing things for her. Nancy Niece has not been keeping to the schedule of activities she promised to do for her aunt and has been taking money.

#14

INTERVIEWING MS. DUTIFUL

☞ Introduce Yourself to Ms. Dutiful.

☞ Make a response.

☞ How do you start the interview upon your return?

Overhead 15: Summary of Principles (5 minutes)

Trainer's Notes:

- Briefly **review the Summary of Principles** with the participants. Each principle should have been identified during the Lovey/Dutiful discussion.
- Questions????

#15

SUMMARY OF PRINCIPLES

- ★ Be aware of the likely responses to your questions.
- ★ Avoid questions that presume guilt.
- ★ Avoid questions that you can get alot of NO answers.
- ★ The interview with the perpetrator does not need to be confrontation or an interrogation.
- ★ Practice your pattern/style of interviewing.
- ★ Focus on the content of the report rather than a report has been made.
- ★ Be inclusive.
- ★ Be neutral (during the investigation) - do not assume guilt.

Overhead 16: Maintaining Neutrality (15 minutes)

Trainer's Notes:

- While the role of a caseworker is as an advocate for the elder, that does NOT mean you like the elder better than others, you think the elder is the only person capable of reporting correctly, you think the elder is "right" and others are always "wrong". You are initially a neutral investigator, assessing all the dynamics of the situation.

IT IS THEREFORE IMPORTANT TO FRAME YOUR INQUIRIES IN NEUTRAL, OBJECTIVE LANGUAGE.

OTHER WAYS TO NEUTRALIZE:

- **Be sure you have the correct relationships and the way in which people want to be referred.** At the beginning of our investigation, we don't know the players. For example, brother and sister relationships may take on different meanings if brother is the product of father and wife #1, and is twenty years older than sister who is product of father and wife #3, rather than of same parents and growing up together two years apart in birth. Being a sister, a step-sister, or a half-sister may make a difference. Being a mother, a step-mother one grew up with, or a step-mother acquired at age 50 may make a difference, or a foster mother who raised one.

- **First names or last names** - try to use the same style especially during assessment phase. Using different ones may have different interpretations. E.g., using alleged victims's first name and alleged perpetrator's last with title of respect. May be interpreted that you have already become "friend" of alleged victims's. On other hand, may be interpreted that you don't show alleged victim respect, but you do show respect to alleged perpetrator, because alleged perpetrator is younger and stronger or powerful in some other way. How do parties refer to each other? Watch for emotive language and try to neutralize. What can be the dynamics of calling Dara Dutiful - Ms. Dutiful - while calling Mrs. Lovey just plan - Lovey?

- If in a joint interview, try to **maintain equal eye contact** and an equal time of focus on each party. This may be very difficult to do if one person is really dominating. You may state clearly that you want to have an opportunity to hear each person's viewpoint. You may decide to let each tell his or her side and then move on, or you can "slice the interview horizontally" and let each tell you his/her viewpoint on one aspect of the many you plan to discuss. If in the time to tell his or her side, one party is extremely reticent or makes just a very brief statement, try to equalize by asking some questions and drawing them out. This can be exhausting if there are 4 - 5 people at one time be interviewed.

#16

MAINTAINING NEUTRALITY

- Frame inquiries in neutral, objective language.
- Refer to objective behaviors.
- Work with victim to develop a positive way to approach alleged perpetrator.
- Determine relationships.
- Use same form of address for av & ap, especially during assessment phase.
- Try to give equal attention: eye contact, time, positioning, etc.
- Maintain a neutral expression.
- Provide a model:
    - active listening
    - reframing into neutral terms
    - respectfulness
- Do not react to profanity or other testing.

Overhead 16: Maintaining Neutrality (continued)

Trainer's Notes:

- If a joint interview, try to **control the arrangement,** body positions, style, height of chairs, etc., to the extent possible **to equalize parties**. Be aware of your body language and what it communicates. Be aware of cultural differences in body language and terms of respect in addressing a party. Use the linguistics department of university near you, or English as a second language staff to assist you with specific questions if you are not familiar with a racial or ethnic group.
- Try to **maintain a poker face**, while being pleasant. Do not register shock, dismay, revulsion, etc.
- Whether interviewing individually or jointly, **be a model** for the parties by using good active listening skills, by rephrasing language into neutral terms, and showing respect to all parties involved.
- Responding to **profanity**, don't give in to shock value. Generally try to ignore it. Do be alert for when it is not unconscious [normal mode of conversation]. It is being used for shock value, to divert you from interview or some other purpose but instead really represents a LOSS OF CONTROL.
- Questions????

#16

MAINTAINING NEUTRALITY

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- Provide a model:
    - active listening
    - reframing into neutral terms
    - respectfulness
- Do not react to profanity or other testing.

Overhead 17 and 18: Reframe/Respond to the Following Statements (40 minutes)

Trainer's Notes: **Reframe the Following Statements**

- **Can you think of ways to change the "characterization" to neutralize?** Sometimes it can be really simple. For example, on an episode of Cheers, Rebecca has been fired and Sam has been given her job as manager, so he has taken over the office. Listen to the dialogue:
  Rebecca: Where's Sam?
  Woody: He's in his office.
  Rebecca: Uh- - h- - h (half strangled cry)
  Woody: I mean, he's in your office.
  Rebecca: (really starting to cry)

  The neutral response would have been: He's in the office.

- Break into **small groups** and have the participants rewrite the 6 statements to try to make them neutral and to model better communication. If possible the statements should be specific about the actual behavior being discussed.

- Give them time to complete their quotes - about **12 -15 minutes**. Ask for different people to share the way their group reframed the statements. Be sure participants actually say what was written down. You may want to use a flip chart to highlight key phrases used by the participants. Examples of reframing the statements are:

  Statement 1: "There's concern that mother may not be receiving adequate nutrition." OR... "There are concerns about your mother's care and I have some suggestions about how my agency can help."

  Statement 2: Work with victim to develop a positive way to approach the perpetrator, especially if victim is somewhat fearful about your talking with perpetrator. "Your mother suggested that you may have a clearer idea of all the kinds of help she needs than she does." OR... "From our conversation, I got the impression that your mother needs assistance with (be specific)."

  Statement 3: Here is an example in financial exploitation, where the victim is not ready to cut off the perpetrator financially. "Your dad tells me that the two of you pool income and expenses. It sounds like things have been difficult with only the one check coming in now." OR... "Your dad tells me that he's been helping you out, but in doing so he's having problem's paying his bills." OR... "I understand that some financial assistance might be helpful to both you and your dad."

  Also highlight to the participants in the financial exploitation statement not to presume that because someone else preceives there to exploitation that the victim does not feel that value have been received (i.e. attention, companionship, feeling of being a good parent, a feeling of exercising control over another, etc.)

#17

REFRAME THE FOLLOWING STATEMENTS

- There has been a report that you are neglecting your mother's care.

- Your mother tells me that she's not getting all the help she needs.

- Your dad doesn't have enough money to pay all his own bills, but he tells me he is having to support you, too.

Overhead 17 and 18: Reframe/Respond to the Following Statements (continued)

Trainer's Notes: **Respond to These Statements and be a Model**

Statement 4: Try not to validate the feeling without objective evidence. NOT: "Now, let's avoid name calling." INSTEAD: "You feel you are unable to please your mother?" OR... "What kinds of things do you two argue about?" OR... "You feel your mother is critical of everything you do. What things is she critical of?"

Statement 5: NOT: "I don't think it's helpful to get into name calling between sisters." INSTEAD: "When you say that you think Donna takes advantage of Dorothy, what do you mean exactly?" OR... "What do you mean? Give me an example?" Here it is advisable to focus on a recent example.

Statement 6: Here we don't want to respond to the profanity but to the content of what is being said. INSTEAD: "Sounds like you may not be comfortable discussing the financial relationship you and your father have." OR... "I can tell you feel threatened and that you feel I am sticking my nose in you business. Right now I'm just trying to gather information." In this situation it may matter who the abuser/alleged abuser is. Is this a son on crack or is the son an attorney. How would the approach differ between these two scenarios?

- Throughout this exercise, the participants should focus on continuing to treat all parties with the utmost respect and restraint (i.e. be a model even though in the "real world" we may not fell like being on "company manners.")
- Questions???

#18

RESPOND TO THESE STATEMENTS AND BE A MODEL

- My mother is a demanding bitch who is always criticizing everything I do.

- My sister is a little prima donna who is always taking advantage of mother.

- I don't know what you think you are doing sticking your nose in my business, you m-f b-. What my father and I do with money is our business.

Overhead 19: Alleged Victim Reluctant to Approve Contact (10 minutes)

Trainer's Notes:

- Alleged victims are often reluctant to have the caseworker talk with the alleged abuser for a variety of reasons. Ask the participants to **name three possible reasons and then move on**.

- If you find yourself restating your point(s) **more than two times**, you're on the verge of lecturing and/or overexplaining. The victim or alleged victim may not be ready to understand, may not be capable, may think you have missed the boat. Sometimes we get over invested in making our point. The harder we try, the less effective we are. **Move on** and you may have an opportunity to come back to your point at another time.

- Your client may state she's the unacknowledged queen of Denmark. Don't get sidetracked. Remember and **stick with the purpose of your visit**. Be honest:

  I don't know anything about Denmark's royal family. But I do know that today I am worried that you do not have funds to buy food and medicine. Let's concentrate on that now.

  I am concerned that you express some fear of your son. You say he is responsible for doing some harm to you. I don't know your son. I want to be able to help you. To do that I need to meet him and talk with him. That does not mean I will confront him or accuse him." Now, you can discuss ways to approach him."

- Avoid preaching: You know, this problem is not going to go away. He's not going to quit taking your check unless you do something. Instead **ask more questions:** How long has this been happening? What do you think is likely to happen when your February check comes? It sounds like you think this will continue. What would you like to happen? Can you think of any thing I could help you with that might help at least part of your wish come true?"

- Caution the participants not to use **false promises**. "Don't say 'everthing will be just fine' when there is a chance that it won't be."

- Encourage participants to **state concerns honestly**, this will help the victim face their situation honestly. "I'm afraid if this happens again you may be back in the emergency room."

- Advise participants that there is not much to be gained from **arguing irrelevancies**. Ask the group how a caseworker should spend their limited time with their client - arguing whether she is, in fact, the Queen of Denmark or the abusive situation and alternatives to resolving the situation?

- **Using authority** can be useful as long as the caseworker still demonstrates the human side of the relationship.

#19

ALLEGED VICTIM RELUCTANT TO APPROVE CONTACT WITH ALLEGED ABUSER

- ☞ Educate without lecturing.
- ☞ Do not over-explain.
- ☞ Do not get sidetracked.
- ☞ Ask more questions.
- ☞ Avoid false promises.
- ☞ State your concerns honestly.
- ☞ Don't argue irrelevancies.
- ☞ Use authority (cautiously)

Overhead 20: Interviewing Tips (2 minutes)

Trainer's Notes:

- Briefly review these interviewing tips.
- Try to **use recognition**. Even a perpetrator who is saying things with which you disagree can be praised for talking with you, for honestly expressing feelings, for taking time to be available.
- Questions????

#20

INTERVIEW TIPS

★ Looping:

- bring discussion back to something alleged abuser said earlier

- use alleged abuser's own words

- provides organization & positive rapport

★ Recognition:

- direct sincere praise to alleged abuser when there is an opportunity

  "you're giving me information that is very helpful."

★ "T" funnel:

- begin with broadest open ended question

  "tell me about . . . "

- Gradually narrow scope

- use closed ended questions to confirm facts

INTERVENING WHEN SUBSTANCE ABUSE IS AN ISSUE

Overhead 21: A Realistic Look (5 minutes)

Trainer's Notes:

- The focus of the training so far has been focusing on how to approach and communicate effectively with alleged and verified perpetrators of Abuse, Neglect, and Exploitation. The purpose of this overhead is to put **difficult types of cases in context of society**. When considering the types of abuse where risk remains high, elder abuse agencies and their caseworkers must continue to concentrate on working with the abuser as well as the victim.

- We need to be realistic about substance abuse, mental illness, and how people with these problems are currently faring in our society. Experts agree that at least 50% of homeless fall into these categories. Obviously, **there are no easy answers.** No one therapy, remedy, treatment approach has proved to be always effective in reversing either problem.

- WHAT ARE REAL OPTIONS:

  - We need to be aware of societal impact as well as impact on individual victim of ANE. Treatment programs may not be readily available. Success rates are not good unless high level of motivation. Even in the best, the rate of recidivism is a cause of concern. Society is not absorbing the numbers with these problems in any very good way. Funding for treatment facilities has been reduced in state and communities. The ANE victim of a substance abuser and the abuser may both be full of shame and blame. (We will be talking more about shame later today.)
  - The victim may also feel that if help is not provided in the family, the person will be homeless on the street. That may be very much against the personal philosophy, religious belief, morally wrong not to help out, etc.
  - When considering the factor of financial dependence, must be realistic in assessing whether there are any other resources to meet the needs. There may not be and the victim may be committed to taking care of the abuser regardless of the costs. It may be better then to offer interventions which normalize the situation to take away the shame/rage cycle, which we will examine more closely later. For example, it is difficult to find jobs in many areas; adult children are returning home in large numbers; both parent and child may feel a sense of failure and shame. Worker's response can validate problem and help it be faced together: It's happening to a lot of folks across the country; it's OK for families to decide to help one another; and there can be a sharing of gifts, talents, etc.
  - The problem is not that grandma is helping grandson. It is how can grandma meet her own living/health care needs and be able to assist grandson. How can a mutuality be developed so that grandson is not manipulating/exploiting, but instead is part of a sharing unit helping each other. In other words, how can our intervention support the idea that it is ok to have financial interdependence and that does not result in ANE.

#21

A REALISTIC LOOK AT SUBSTANCE ABUSE, MENTAL ILLNESS, AND FINANCIAL DEPENDENCE

- 50% of the homeless are either mentally ill or substance abusers.
- Lack readily available treatment programs.
- No therapy is 100% effective.
- High recidivism rates.
- Assistance programs have been cut back.
- Conclusion:
  - Difficult & Complex Problems
  - Society doe not have all the answers
  - Work to minimize the risk to our clients within this context
  - Caseworkers need to be realistic

Overhead 22: Signs of Substance Abuse (5 minutes)

Trainer's Notes:

- Within the context then of these extremely difficult and complex problems, what interventions can maximize reduction of ane and risk? The next three overheads will look at the signs of substance abuse, identifying enabling behavior, the stages substance abusers often follow in dealing with their abuse.

- "**Clearly identify the problem**. The elder may not know or may deny the substance abuse problem. Or the elder may share the problem."

- "The worker should **be alert for signs**. The worker should also get an idea from the victim about the day to day behaviors of the elder and the abuser. Again, taking the approach that this is not a unique problem or one which means the elder was a bad parent somehow, but **educating the victim**, is important."

- Briefly go through the **list of symptoms** with the participants. This list of symptoms was developed from training developed by Shawnee Health Service and Development Corporation, Murphysboro, Illinois (a joint project with two mental health centers).

- Also point out to the participants that it is important to know the **local drug scene** in their community. The local police department can be helpful in identifying current trends and the type of paraphernalia to look for.

- Questions????

#22

SIGNS OF SUBSTANCE ABUSE

- Alcohol on breath.
- Frequent accidents.
- Mood changes.
- Withdraws from activities.
- Stains on carpet.
- Cigarette burns on clothes.
- Bloated look.
- Dilated eyes.
- Drug paraphernalia.
- Loose leaves and seeds, blotter of cartoon figures, cigarette wrapping papers.
- Lots of empty bottles in trash.
- Possessions disappear, including prized ones.
- Loss of control.
- Confused.

Overhead 23: Enabling

Trainer's Notes:

- Participants can be assist victims by introducing them to the idea of **enabling behavior**. Victims may be "helping" the abuser so that the abuser avoids dealing with the problem. In effect, the enabler allows the problem to continue.
- **Be aware of enabling behaviors**:
  - Denying or ignoring behaviors which indicate substance abuse.
  - Participating with the abuser (drinking together).
  - Being responsible for substance abuser by doing chores, paying bills, etc.
  - Protecting the substance abuser from consequences of their actions by picking them up, cleaning them up, driving for them, lying or making excuses for them.
  - Arranging a schedule around the substance abuser.
- Participants should be aware of their own **enabling** behavior (i.e. helping the victim pay bills, cleaning the victim's home, etc.).

#23

ENABLING BEHAVIOR =

- Helping one avoid dealing with the problem of substance abuse.

- Denying or ignoring behaviors which indicate substance abuse.

- Participating with substance abuser.

- Being responsible for substance abuser by doing chores, paying bills, etc.

- Protecting substance abusers from consequences of their actions:

    - picking them up
    - cleaning them up
    - driving for them
    - lying or making excuses for them
    - arranging schedule around them

Overhead 24: Stages in Modifying Addictive Behaviors (10 minutes)

Trainer's Notes:

- This overhead outlines the **"stages"** a substance abuser will follow when addressing their addiction. It is important for the participant to understand these stages and knowing that the stage of the substance abuser will make a difference in whether or not an intervention is likely to succeed in reducing the addiction.

- The material is taken directly from an article by Prochaska, DiClemente, and Norcross entitled "In Search of How People Change: Applications to Addictive Behaviors" American Psychologist, Sept. 1992 (Vol. 47, No. 9), pp. 1102-1114.

- **Modification of addictive behaviors** involves progression through five stages - precontemplation, contemplation, preparation, action, and maintenance - and individuals typically recycle through these stages several times before termination of the addiction.

- - **Precontemplation** is the stage at which there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware or underaware of their problems. . . . Families, friends, neighbors, or employers, however, are often well aware that the precontemplators have problems. When precontemplators present for psychotherapy, they often do so because of pressure from others. . . . Once the pressure is off, however, they often quickly return to their old ways. . . . Resistance to recognizing or modifying a problem is the hallmark of precontemplation.

  - **Contemplation** is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action. People can remain stuck in the contemplation stage for long periods. . . . .knowing where you want to go but not quite ready yet. . . .Another important aspect of the contemplation stage is the weighing of the pros and cons of the problem and the solution to the problem.

  - **Preparation** is a stage that combines intention and behavioral criteria. Individuals in this stage are intending to take action in the next month and have unsuccessfully taken action in the past year. (May have taken small steps, but not effective action. A decision making stage - "early stirrings of action."

#24

STAGES IN MODIFYING ADDICTIVE BEHAVIORS

- *Precontemplation:*

  No intention to change in foreseeable future; may enter treatment under pressure from others.

- *Contemplation:*

  Aware there is a problem, weighing pros and cons, seriously thinking about overcoming problem.

- *Preparation:*

  Intending to change, small steps may have been taken, decision-making.

- *Action:*

  Modifying behavior, for one day to six months; expending considerable time and energy.

- *Maintenance*:

  Avoiding relapse; stabilizing behavior change.

(NOTE: From Prochaska, Diclemente, Norcross)

Overhead 24: Stages in Modifying Addictive Behaviors (continued)

Trainer's Notes:

- **Action** is the stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most over behavioral changes and requires considerable commitment of time and energy. . . . People, including professionals, often erroneously equate action with change. As a consequence they overlook the requisite work that prepares changers for action and the important efforts necessary to maintain the changes following action. Individuals are classified in the action stage if they have successfully altered the addictive behavior for a period of from one day to six months.

  Participants should be aware that, for many, entering this stage other problems become apparent after the 'cloak of getting high" is taking away/removed. The caseworker needs to be ready to address these other problems (i.e. lack of education, no job skills, no work history, etc.).

- **Maintenance** is the stage in which people work to prevent relapse and consolidate the gains attained during action. Traditionally, maintenance was viewed as a static stage. However, maintenance is a continuation, not an absence, of change. . . . For some behaviors maintenance can be considered to last a lifetime.. . . Stabilizing behavior change and avoiding relapse are the hallmarks of maintenance.

▸ Questions????

#24

STAGES IN MODIFYING ADDICTIVE BEHAVIORS

☞ *Precontemplation:*

No intention to change in foreseeable future; may enter treatment under pressure from others.

☞ *Contemplation:*

Aware there is a problem, weighing pros and cons, seriously thinking about overcoming problem.

☞ *Preparation:*

Intending to change, small steps may have been taken, decision-making.

☞ *Action:*

Modifying behavior, for one day to six months; expending considerable time and energy.

☞ *Maintenance*:

Avoiding relapse; stabilizing behavior change.

(NOTE: From Prochaska, Diclemente, Norcross)

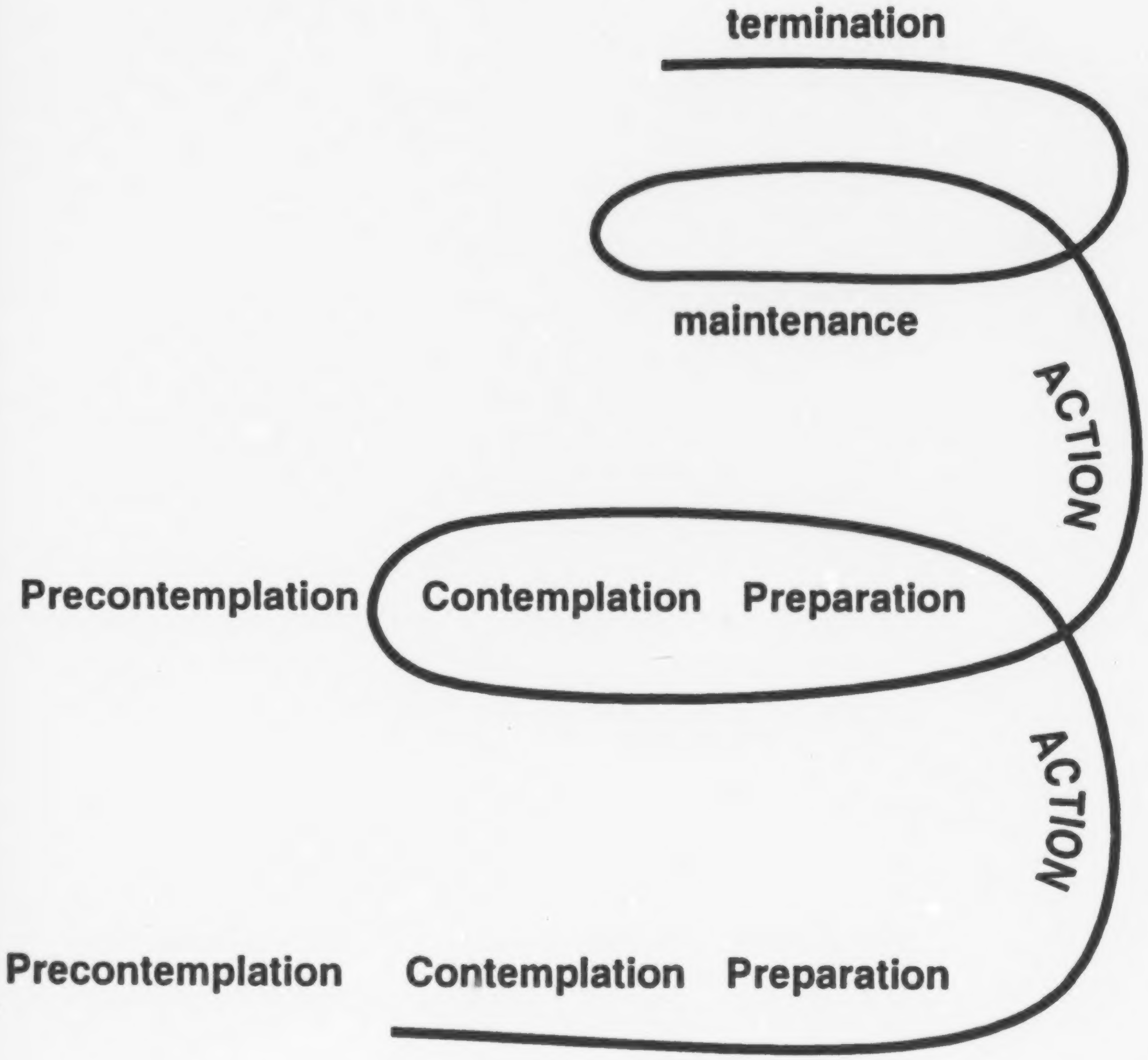
Overhead 25: Spiral Model (4 minutes)

Trainer's Notes:

- Change is not linear. **Relapse is the rule** rather than the exception. Therefore, the authors have provided a spiral model of the stages of changes.
- "The spiral model suggests that **most relapsers do not revolve endlessly in circles** and that they do not regress all the way back to where they began. Instead, each time relapsers recycle through the stages, they potentially learn from their mistakes and can try something different the next time around."
- This is an **important model** for those caseworkers who get discouraged - it offers hope that change can occur.
- Give everyone a few minutes to read over the page "Titles, Definitions, and Representative Interentions of the Processes of Change." This table defines a different process of change.
- Questions????

#25

SPIRAL MODEL OF STAGES OF CHANGE


termination
maintenance
ACTION
Precontemplation
Contemplation
Preparation
ACTION
Precontemplation
Contemplation
Preparation

Overhead 26: Stages of Change (22 minutes)

Trainer's Notes:

- Prochaska, DiClemente, and Norcross have concluded that **different treatments are suited to different stages** of change. It is naive to treat all substance abusers the same.

- It is better to try to **match treatment to stage**. A person's stage of change provides proscriptive as well as prescriptive information on treatments of choice. Action oriented therapies may be quite effective with individuals who are in the preparation or action stages. These same programs may be ineffective or detrimental, however, with individuals in precontemplation or contemplation stages.

- Probably, caseworkers are **usually dealing with people in the precontemplation** or contemplation stages. In precontemplation, it is going to be necessary to focus on consciousness-raising.

- Break into small groups (i.e. talk with the people at the same table). Have the groups begin to **identify some specific interventions** that fit the definitions for the precontemplation and contemplation stages?

- Have groups share ideas.

- **Key Point:** Our goal is not to push someone from one stage to the next. If in precontemplation phase, it will not be effective to push a 30 day treatment program.

- Questions????

#26

STAGES OF CHANGE IN WHICH PARTICULAR PROCESSES OF CHANGE ARE EMPHASIZED

Precontemplation	*Contemplation*	*Preparation*	*Action*	*Maintenance*
Consciousness raising				
Dramatic relief				
Environmental reevaluation				
	Self-reevaluation			
		Self-liberation		
			Reinforcement management	
			Helping relationships	
			Counterconditioning	
			Stimulus control	

Overhead 27: Working with the Victim When Perpetrator is Substance Abuser (15 min.)

Trainer's Notes:

- **Clearly identify the problem.** Assist the victim in identifying that there is a substance abuse problem by identifying behaviors, etc.

- **Educate the older person about enabling behavior.** Family members, including the victim, could sabotage efforts to seek help because:

  - Change is frightening.

  - May be "advantageous" to keep the substance abuser's behavior going (e.g. they are, at least, at home with mom providing some care).

  Caseworker will want to keep those who might sabotage on your side.

- **Consider the "stage" when offering alternatives.** Make sure you know the services available (from obtaining educational pamphlets to having a working knowledge of treatment alternatives and costs associated with the alternatives) and how to make referrals/linkages. The caseworker can be a liaison between the substance abuse agency and the victim and their family. When offering alternatives the caseworker can also:

  - Dispell myths and fears;
  - Tell the victim/family what will happen step by step;
  - Obtain release forms in order to provide information to the substance abuse agency; and
  - Try to keep the family unit together by being their support system.

- **Discourage confrontation.** The victim and family should be encouraged to stay away from "blaming" statements and; instead, should be encouraged to express themselves by stating what is fact and the feelings that go along with the behavior. Since a family may get only one shot at an intervention, an ***intervention*** should be made only with staff from a substance abuse agency. The substance abuse specialist creates an "air tight" plan, rehearses the intervention with the family, and focuses on not placing blame.

- **Reduce isolation.** Through support groups for the victim, increased family contact, etc.

- **Remain non-judgemental** and don't show frustration if the older person does not act on your recommendations immediately. The caseworker is not to take it personally if the situation does not go exactly as planned.

#27

WORKING WITH THE VICTIM WHEN PERPETRATOR IS SUBSTANCE ABUSER

1. Clearly identify the problem.

2. Educate elder about enabling behavior.

3. Consider the "stage" when offering alternatives.

4. Discourage confrontation. (An "intervention" should be made only with professional staff of substance abuse treatment agency.)

5. Reduce isolation.

6. Remain non-judgmental. Don't show frustration if elder doesn't act. (Tough love isn't easy.)

7. Remember, we can't "fix" for the elder.
   We don't "own" the problem.

8. Work with supervisor and a multidiscipliarny team to determine when it is time to walk away.

Overhead 27: Working with the Victim When Perpetrator is Substance Abuser (continued)

- **We can't "fix" for the elder. We don't "own" the problem.** Caseworkers need to avoid becoming enables themselves. The goal of the caseworker is not to "fix" things for the victim; but, to help the victim gain insights into the problem, the kinds of help available, and what is likely to be the outcome if nothing in the situation changes:
  - Abuser may drink self to death
  - May commit some criminal act and be apprehended and punished
  - What will happen when the victim is no longer around to take care of the abuser?
  - Who should be called if the abuser hurts the victim?
- **Work with the supervisor and M-team to determine when it is time to walk away.** Certainly, this is a decision not to be made alone but with the caseworker supervisor and multidisciplinary team.
- **Note:** Throughout the caseworker'sefforts, make sure it is clear that you are the advocate of the victim. The family and substance abuse agency must understand what side you will come down on "if push comes to shove."
- Questions????

#27

WORKING WITH THE VICTIM WHEN PERPETRATOR IS SUBSTANCE ABUSER

1. Clearly identify the problem.

2. Educate elder about enabling behavior.

3. Consider the "stage" when offering alternatives.

4. Discourage confrontation. (An "intervention" should be made only with professional staff of substance abuse treatment agency.)

5. Reduce isolation.

6. Remain non-judgmental. Don't show frustration if elder doesn't act. (Tough love isn't easy.)

7. Remember, we can't "fix" for the elder.
   We don't "own" the problem.

8. Work with supervisor and a multidiscipliarny team to determine when it is time to walk away.

Overhead 28: Questions (5 minutes)

Trainer's Notes:

- Lead a general discussion with the group on the **phrasing of interview questions**.
- As we ask questions to try to help the victim understand the realities of the substance abuse problem, we must be absolutely **non-judgmental**. "It ain't easy."
- We also want to help the victim understand the **futility of confronting abuser when "high"** - may escalate into confrontation.
- Below are **examples** of interview questions:

What do you think will happen to ____ if nothing changes?

Has he ever destroyed any property when he is high?

Has he ever hurt your pets?

What do you plan to do if he hurts you again? Who will you call?

What will happen to _____ if you are not here to take care of him?

Have you talked with anyone else living with this type of situation? (Introduce support group information.)

Are you willing to lose your home because of his behavior? (Financial problems, possible bankruptcy, possible confiscation if involved in drugs)

Has he ever been arrested?

Have you ever called the police?

Have you ever had an order of protection?

Possible consequences of arrest and conviction:

Has he ever been in a treatment program?

#28

INTERVIEW QUESTIONS

- ★ Questions to help elder identify possible substance abuse problem.

- ★ Questions to help elder recognize enabling behavior

- ★ Questions to help elder recognize danger.

EVALUATING CASEWORKER

FACTORS

Overheads 29 and 30: Good and Poor Problem Solvers (7 minutes)

Trainer's Notes:

- Although there has not been research to measure this; however, based on the experience and interviews with supervisors, trainers, compliance and quality reviewers, a caseworker's **problem solving** skills, their **creativity,** and their **attitude** are as critical as the caseworker's **knowledge base** in successfully resolving abuse situations.

- An often cited study of problem solving processes notes some differences between good and poor problem solvers. (Benjamin Bloom and Lois J. Broder, Problem-Solving Processes of Colleges Students, Chicago: University of Chicago Press, 1950, pp. 25-30, quoted by Vincent Ryan Ruggiero, The Art of Thinking, New York: HarperCollins, 1991, 3rd ed.). Review Overheads 29 and 30 and ask the group to call out examples as you go.

Good Problem Solvers

- Read a problem and decide how to begin **attacking** it.
- Bring their **knowledge** to bear on a problem.
- Go about solving a problem **systematically**. (For example, trying to simplify it, puzzling out key terms, or breaking the problem into subproblems.)
- Tend to **trust their reasoning** and to have **confidence** in themselves.
- Maintain a **critical attitude** throughout the problem-solving process.

Poor Problem Solvers

- **Cannot settle** on a way to begin.
- Convince themselves they **lack sufficient knowledge** (even when that is not the case).
- Plunge in, **jumping haphazardly** from one part of the problem to another.
- Try to **justify first impressions instead of testing them**.
- Tend to distrust their reasoning and to **lack confidence** in themselves.
- Lack a critical attitude, and **take too much for granted**.

#29

DIFFERENCES BETWEEN GOOD AND POOR PROBLEM SOLVERS

◆ ***Good Problem Solvers***

- Read a problem and decide how to begin attacking it.
- Bring their knowledge to bear on a problem.
- Go about solving a problem systematically. (For example, trying to simplify it, puzzling out key terms, or breaking the problem into subproblems.)
- Tend to trust their reasoning and to have confidence in themselves.
- Maintain a critical attitude throughout the problem-solving process.

Overheads 29 and 30: Good and Poor Problem Solvers (Continued)

Trainer's Notes:

- Refer to the handout immediately following Overhead 30. The handout excerpts focus on:
  - The **importance of our self image and attitude** in resolving problems (if we believe in ourselves and that the problem can be solved, it will be). Does our attitude toward the older person and the abuser predispose the outcome of the interventions?
  - The danger of **learned helplessness** in resolving problems (do we give up without even trying due to past failures). Victims and, yes, even caseworkers may be victims of learned helplessness. In trying to confront the difficult and complex problems of abuse, especially where substance abuse, mental illness, and financial dependence are involved, we may have become victims of learned helplessness.
- Questions????

#30

◆ ***Poor Problem Solvers***

- Cannot settle on a way to begin.
- Convince themselves they lack sufficient knowledge (even when that is not the case).
- Plunge in, jumping haphazardly from one part of the problem to another, trying to justify first impressions instead of testing them.
- Tend to distrust their reasoning and to lack confidence in themselves.
- Lack a critical attitude, and take too much for granted.

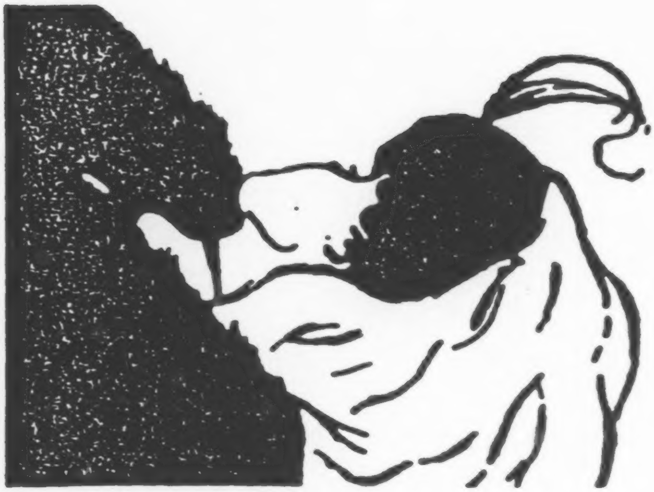
From Benjamin Bloom and Lois J. Border, Problem-Solving Processes of College Students, Chicago: University of Chicago Press, 1950, pp. 25-30.

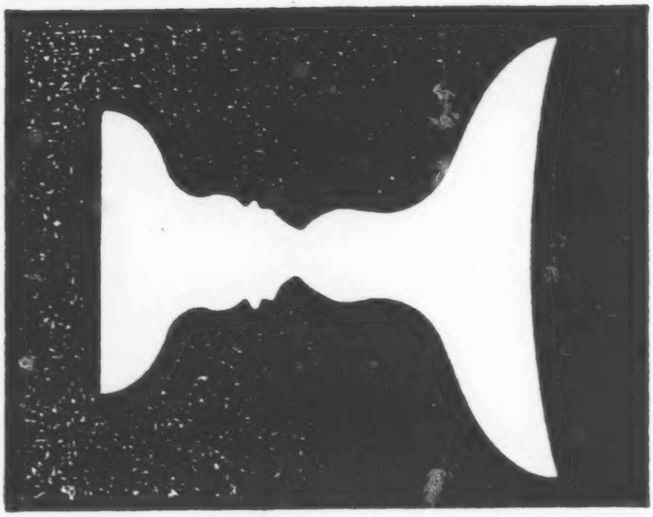
Overhead 31: Figures (1 minute)

Trainer's Notes:

- Have the participants examine the figures on the overhead. Ask what they see.
- Point of the exercise: To be effective intervenors, we need to:
  - be **flexible**, and
  - learn to see things from **more than one perspective** or point of view.
- Questions????

#31





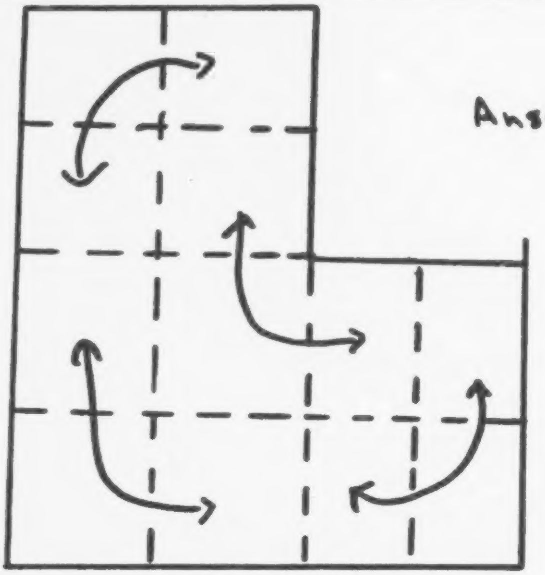
Overhead 32: Creativity Problem (6 minutes)

Trainer's Notes:

- Split the room in two.
- One side of room will do the exercise alone.
- The other side of the room will break into small groups of four or more.
- Read the instructions on the overhead.

> *You and three friends share a back garden drawn below. You want to divide it into four areas, all the same size and same shape.*

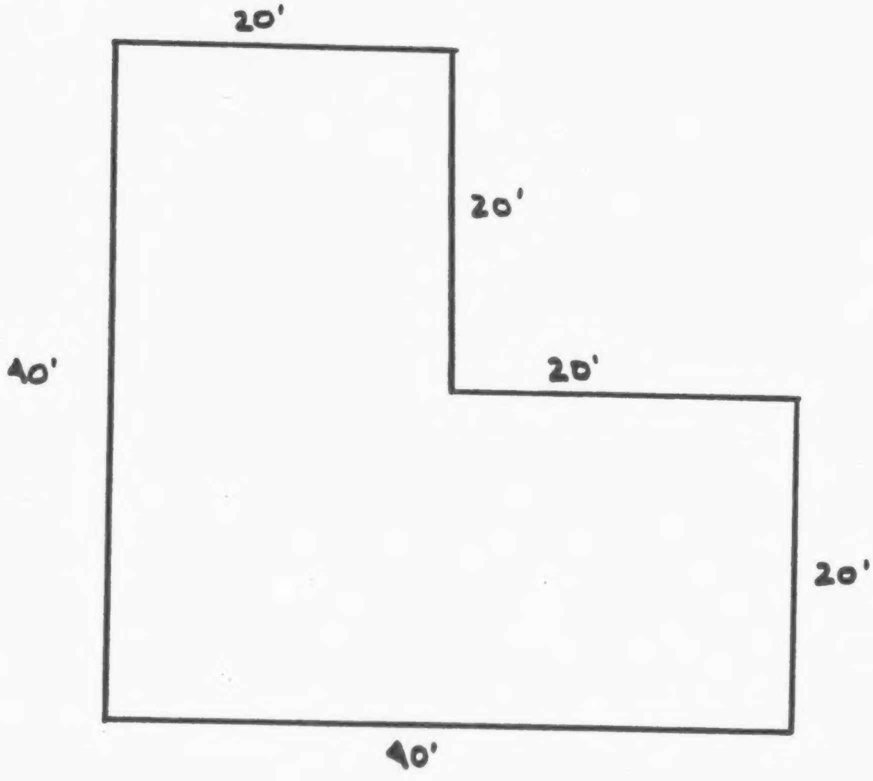
- After a few minutes ask the participants how problem is solved? Did you solve the problem alone? How fast did the individuals/groups solve it?
- Point of the exercise: To be effective intervenors, we need to:
  - Be **creative**;
  - Learn the value in **discussing the situation** with others (i.e. two heads are better than one).
- Questions????



Answer

#32

CREATIVITY EXERCISE: You and three friends share a back garden drawn below. You want to divide it into four areas, all the same size and same shape.



Overhead 33: Worker Factors - Food for Thought (3 minutes)

Trainer's Notes:

- Take a minute to review this overhead with the participants.
- We want to **be realistic about the challenges**, without being self-defeating. No one ever said it would be easy!
- Who is likely to be more effective in intervening?

Worker who says:	"I hate this kind of work." "I hope I never get another intake." "These cases are all a waste a time. Nobody wants to change." "I just don't know enough to be a help. Maybe if I had a PhD in psychology."
OR Worker who says:	"I can make a difference." "Because of me, these victims are not alone."

- The caseworker may well be the **most important intervention**. A combination of knowledge, sensitivity, creativity, and belief in yourself may make all the difference in your effectiveness.
- Questions????

#33

WORKER FACTORS: FOOD FOR THOUGHT

- In addressing abuse/neglect/exploitation situations, what kind of a problem solver are you?

- Does your attitude toward the elder and the perpetrator predispose the outcome of interventions?

- In trying to confront the difficult and complex problems of abuse/neglect/exploitation, have you become a victim of learned helplessness?

- Are you able to interact with other workers and supervisor to stimulate creativity?

- Do you believe that you can make a difference?

- What kind of messages do you give yourself?

- If you were completing a "Risk Assessment Form" that included Worker Factors, how would you rate yourself on:

Attitude	Motivation
Self-Talk	Creativity

Overheads #34 and #35

RESERVE

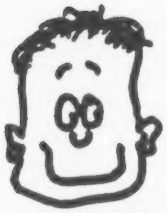
FEELINGS AND SHAME

Overhead 36: Feelings (2 minutes)

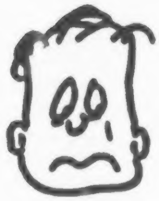
Trainer's Notes:

- Flash this overhead as a way of moving to the next agenda item: feelings and shame.
- Now that we've examined our own attitudes and expectations, let's consider the feelings of the parties involved in our elder abuse investigations and interventions. **Understanding feelings may be key to being successful in our elder abuse interventions**, particularly when substance abuse, mental illness, financial dependence are involved.
- Let's look at FEELINGS: Often when **asked about feelings**, we report perceptions, judgments, opinions, beliefs, but **don't get right down to the level of emotions**, i.e., bodily reactions.
- Here are some of our most **basic emotions**. Glad, sad, mad. We really feel different all over our bodies when we feel these different emotions.
- Questions????

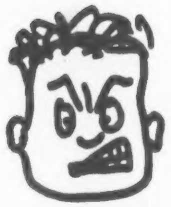
#36



GLAD



SAD



MAD

FEELINGS

Overhead 37: What Society Tells Us About Feelings (1 minute)

Trainer's Notes:

- Often society's reaction is to tell us **we should or shouldn't feel certain things.**
- The overhead lists five feelings. Ask the participants to **call out others**.
    - Don't be angry
    - That's not nice
    - Control yourself
    - You shouldn't feel that way
    - Keep smiling
    - You will get over it; time heals
    - Be happy; don't worry
    - Laugh and the world laughs w/ you; cry and you cry alone
    - Cheer up
    - Have you no shame?
    - Be a MAN (or Big Boy)
    - Don't be bitchy
    - You were so mad, you couldn't help it
    - You should be ashamed of yourself
- Questions????

#37

WHAT SOCIETY TELLS US ABOUT FEELINGS

- They are not acceptable
- Hide them
- "You shouldn't feel that way"
- Fear is weakness
- Men don't cry

Overhead 38: Recognizing Emotions (3 minutes)

Trainer's Notes:

- Usually it helps to recognize/acknowledge emotions. **Acknowledging an emotion can be empowering.**
- We try to recognize and acknowledge emotions by using active listening skills:

  Name it, Validate It, Move On.
- Once a feeling is **acknowledged, then you can move on**. Without recognition, one may get "stuck" in an emotion. We won't be able to effectively intervene if victim and/or abuser are stuck.
- But often **emotions are COMPLEX**: ambivalent, conflicted, multiple simultaneous feelings. One feeling may be the defense of another. What appears as anger may be frustration, resentment, etc.
- Questions????

#38

RECOGNIZE & ACKNOWLEDGE EMOTIONS

Active Listening

Name It

Validate It

Move On

Overhead 39: Family of Shame

Trainer's Notes:

- Sometimes **anger is a mask for shame** (i.e. falling off a bicycle).
- Many psychologists/therapists are now theorizing that **shame related emotions are the hardest to spot,** but the most tied to ego.
- Recognizing fear and shame will be helpful in working with abuse. We need to be tuned into shame and the more subtle emotions. We also need to recognize that **shame is an umbrella for a family of experiences**.
- Ask the participants to describe how it feels to be shamed.
- Questions????

#39

FAMILY OF SHAME

Shame is an umbrella for a family of experiences:

worthlessness
embarrassment
lost
helpless
powerless
confused
awkward
rejected

guilt
hurt
humiliation
bad
silly
stupid
loss of face
foolish

Overhead 40: Shame Cues (2 minutes)

Trainer's Notes:

- There are a variety of **cues to signify shame**. We need to learn to recognize the way different shame-related feelings may be displayed.

- Go over cues.

- Ask if there are any others? Examples:

  - Blushing
  - No eye contact
  - Talking softly
  - Holding oneself

- Questions????

#40

SHAME CUES

- ☞ hand over mouth
- ☞ nervous laugh
- ☞ eyes averted
- ☞ gesturing others away with hand
- ☞ blaming others
- ☞ withdraws physically: increases space
- ☞ instantly angry & defensive

Overhead 41: Shame-Rage Spiral (2 minutes)

Trainer's Notes:

- Sometimes people get caught in a **spiral of shame** and anger that is very difficult to break out of. This "feeling loop" reinforces itself just as the "cycle of violence" can reinforce itself.

- Many psychologists/therapists are now recognizing shame phenomena as **the most powerful determinant of whether conflicts can be resolved**.

- Theories that conflict is constructive or destructive, depending on management of shame. (Retzinger) All human violence caused by inadequate bond, alienation with shame. (Scheff)

- **Unacknowledged shame may escalate** creating high density of shame cues. Anger and disrespectful manner area often a product of shame festering. Can get into alternation of emotions, shame-rage spiral can get stuck.

- Both **victims and abusers are likely to feel shame** and embarrassment about their situation.

- As a caseworker, we must develop **tactics in intervening** in abusive situations which do not shame. For interventions to be successful, central are:
  - helping people save face
  - showing respect to each party

- Questions????

#41

SHAME-RAGE SPIRAL

get angry

unload on person

embarrassed by it

mad at self

guilt

angry

unload

etc.

Current perspectives on shame:

- ★ Conflict is constructive or destructive, depending on management of shame. (Retzinger)
- ★ All human violence caused by inadequate bond, alienation with shame. (Scheff)
- ★ Being warm and caring is not enough. Be careful to be respectful and enable to save face. (Johnston)

Overhead 42:: The Victim's Shame (2 minutes)

Trainer's Notes:

- Have the participants take a few minutes and think through this overhead.

- Briefly ask the participants to call out ways in which the victim blames themselves .. the abuser?

- How to be respectful & minimize shame? To answer this question, show the next overhead and begin exercise.

- **EXERCISE**: [Just use a few people or the whole group. Or have several each approach one situation.] You have the responsibility of approaching someone about a matter which he or she is likely to find challenging or embarrassing. How will you do it respectfully, and minimize possible shame? You have no prior relationship with this person. You just work for an agency with the job of dealing with such information.

  - The trainer will pass out a statement to selected participants telling them what they must say and to whom. Phrases for embarassing questions:

    - There is something missing and we wondered if you saw it.
    - Are you sure that was your coat that you took home.
    - Your slip is hanging down.

  - How did the person making the statement feel (embarrassed)?. How did the person the statement was directed to feel (embarrassed)?

  - If it was embarassing in this exercise ... how much more difficult is it in some of the situations we find ourselves in.

  - Can we think of things we might do to "save face"? (Move to next overhead)

#42

WORKING WITHIN THE FRAMEWORK OF SHAME

◆ The victim's shame:

List ways in which victim blames self.

◆ The abuser's shame:

List ways in which shame manifests itself.

◆ How can we help both to save face?

◆ Does our desire to save face sometimes interfere with our effectiveness?

◆ The tightrope we walk with abusers:

These behaviors don't make you a bad person, but they cannot be tolerated because they bring harm to someone else.

Overhead 43: Using supportive communication (3 minutes)

Trainer's Notes:

- Importance of using supportive communication to **avoid creating more shame - anger**.

- Supportiveness results from messages that are:

  - **descriptive** rather than evaluative,
  - **problem oriented** rather than controlling,
  - **spontaneous** rather than manipulative,
  - **empathic** rather than neutral,
  - **equal** rather than superior, and
  - **flexible** rather than certain.

- **Supportive messages result in reduced threat, increased accuracy and listening, and emotional backing for people.**

- Thinking about the need for support as a reservoir of water to be tapped when needed, in the case of elder abuse, there is a low reserve for the abused, the abusers, and other family members. (Kinney, et al) Consequently, it is imperative that **caseworker provide an example, help, acceptance, guidance, knowledge, honesty, etc.**

The above trainer's notes are from "J. Gibb "Defensive communication", Journal of Communication, 11 (3), 141-148.

- Mark B. Kinney, Robert Wendt, and Joseph Hurst, "Elder Abuse: Techniques for Effective Resolution" in Elder Abuse: Perspectives on an Emerging Crisis,Ed. by Michael W. Galbraith, Kansas City: MACA. 1986 (Convergence in Aging series, vol. 3) emphasize the necessity of using a family oriented intervention plan (family crisis intervention). If abuse affects physical well-being, violence, immediate intervention the therapist must deal with the issues openly and establish a rule that forbids physical abuse. This is the only way to avoid separation or legal involvement. If the victim or other family members try to stop the abuse, the abuser may perceive this as a threat and it may trigger an abusive response. The worker who is a neutral expert with implied legal and professional power has necessary leverage to **impose rules.**

#43

USING SUPPORTIVE COMMUNICATION TO AVOID CREATING MORE SHAME - ANGER

Supportive	***Creates More Shame***
Descriptive	Evaluative
Problem oriented	Controlling
Spontaneous	Manipulative
Equal	Superior
Flexible	Certain

From J. Gibb, "Defensive Communication" Journal of Communication, 11 (3), 141-148.

APPLYING LESSONS FROM

DOMESTIC VIOLENCE

Overhead 44: Lessons from Domestic Violence (7 minutes)

Trainer's Notes:

- Every 11 minutes, a women dies by violence.
- Next to self-reported poor health, **being an abuse victim emerged as the strongest predictor of depression.** Depression leads to feelings of helplessness and loneliness which may decrease actions to either resolve the abuse or to break off relations with the abuser. (from an article by Pillemer & Prescott "Psychological Effects of Elder Abuse")
- Based on an article entitled"Elder Abuse: Its **Relationship to Other Forms of Domestic Violence." (1988)** The authors, David Finkelhor and Karl Pillemer, concluded that the Elder Abuse field needs to learn from spouse abuse field:
    - Where appropriate, the caseworker should educate the victim about the Cycle of Violence and Power and Control Wheel (both are in the caseworker handbook). The victim should be given or have access to the phone number of the police, your agency, and the domestic violence shelter. **This type of education empowers the victim to take action on their own behalf.**
    - **Support groups can be appropriate for the victim and abuser.** The local domestic violence program may have support groups; however, be creative. The Alzheimer's Disease and Related Orders Association (ADRDA) is an excellent resource to assist an abuser deal with the stresses of caregiving, hospitals also have educational support groups to address specific diseases, etc.
    - **Criminal sanctions** and quasi-criminal sanctions (orders of protection) **do have an effect on reducing the level of risk for further abuse.** Arrests, orders of protection, and prosecutions, by and large, have been found to be deterrents in most cases.

#44

LESSONS FROM DOMESTIC VIOLENCE

- Importance of education
- Importance of support groups
- Importance of criminal sanctions
  - arrests
  - orders of protection
  - prosecutions

Overhead 45: Legal Notice (1 minute)

Trainer's Notes:

- Perpetrators may be forced into treatment for substance abuse problems as part of sentencing or an order of protection.
- If in treatment, at least someone else is helping to monitor the situation.
- Caseworkers and victims need to be realistic that criminal sanctions may be the only thing that makes a difference, even if the difference is temporary.
- Questions???

#45

Dec. 29

- [redacted] pleaded guilty to DUI. 12 months court supervision, $400 fine, $15 per month for the services of the probation department and ordered to successfully complete alcohol evaluation and follow-up treatment.

EST COPY AVAILABLE

Overhead 46: Educational Materials (3 minutes)

Trainer's Notes:

- If we are going to be effective intervenors, not only must we have good communication skills, a positive attitude, a realistic view of the complexities which we face, and an empathetic, respectful approach, but also we must **have concrete information readily available for our clients.**
- This overhead is the beginning of a **list of education materials** that a caseworker should possess at their fingertips.
- Ask the participants how many have had **contact with the domestic violence program in your area in the last month?** Why not contact and get materials. What about contact with your mental health and health departments? Law enforcement/state's attorney?
- This is the **homework assignment** for participants. If the some of the participants are from the same agency, split up the responsibility to gather the materials and develop an agency resource library.
- **Note that a copy of the Power/Control Wheel is contained on the next page of the Caseworker Handbook.**
- Questions???

#46

EDUCATIONAL MATERIALS: BE PREPARED

- Cycle of Violence
- Power/Control Wheel
- Domestic Violence Shelters
- Criminal Sanctions
- Crisis Intervention Phone Numbers
- Signs of Substance Abuse
- Stages of Alcoholism
- Alcohol/Drug Treatment Programs in Area: Out-Patient & In-Patient
- Health & Mental Health Brochures: Co-Dependency, Enabling, etc.
- Support group meetings schedule: AA, Al-Anon, ACoA, etc.

Go home & prepare a packet !

IN CLOSING (5 minutes including time to complete the evaluation)

Trainer's Notes:

- We have spent the day **discussing cases which are likely to remain at high risk**. We have focused on:
    - How to interact with perpetrators,
    - How to intervene more effectively when substance abuse is an issue,
    - How to examine the caseworker factors which may determine our effectiveness in addressing elder abuse cases, and
    - How to improve intervention through our understanding of feelings, particularly shame.
- Before we ask you to complete your evaluation of this training, we want to thank you for your interest and involvement. We also want to thank you for being part of the elder abuse intervention system. We should congratulate each on doing a good job, and give an encouraging message for the future. Now let's all applaud ourselves and say **"We do make a difference."**
- Thanks for being here and please complete your evaluations.
- Hand out the evaluation form.

APPENDIX A

LIFEBOAT RULES

WIDOWED MOTHER OF THREE

You are the 29 year-old mother of three children, ages 6, 8, and 10. Your husband died unexpectedly and left you in financial difficulties. You and your husband were both only children. Your parents and his are dead. Your children have no other living relative.

You work two full-time jobs to maintain the lifestyle you want for your family, so your children are usually at school or in day care.

SENIOR CITIZEN ADVOCATE

You are 77 years old and are known nationally for the work you have done in championing the rights of senior citizens. You have advocated for in-home care, have exposed maltreatment of elders by nursing homes, and continue to lecture and write extensively on behalf of elders. You have been selected to be on a Senate advisory committee studying elder abuse.

ALZHEIMER'S PATIENT CAREGIVER

You are the 52 year old daughter of an Alzheimer's patient. You have been the full-time caregiver for 5 years. You finally arranged for your mother to be cared for in a nursing home for one week so that you could go on a cruise and relax. You know that your family will leave her in the nursing home if you are not available to care for her.

FRUSTRATED CAREGIVER

You have been responsible for all of your mother's care since her stroke 6 years ago. You have been increasingly frustrated by the demands on you. Your husband resents the time and attention you devote to your mother. Your mother does not express any appreciation for your efforts. You sometimes think that she has bowel or bladder accidents just to spite you. You have slapped her on occasion and sometimes grab her by the arms and shake her. You have been worried that bruises will be noticed by the doctor.

RENOWNED RESEARCHER

You are a 48 year old medical researcher. Last year you won the Nobel Prize for your discovery of the gene that causes Muscular Dystrophy. You are on the verge of a new discovery, one that could unlock the way to immunize against AIDS. You have been diagnosed with inoperable liver cancer, and have been given a maximum of two years to live.

YOUNG CHILD WITH AIDS

You are 7 years old. You have been diagnosed as having AIDS. You are a hemophiliac and apparently were infected with a transfusion when you were just an infant.

IRAQI SURVIVALIST

You are an Iraqi national who is 35 years old. You support everything that Saddam Hussein has done. You are trained in survival skills, and could be key to helping the group in your lifeboat survive against the elements if the boat is kept afloat by throwing one person overboard.

SUBSTANCE ABUSING SON

You are the 45 year old son of a 70 year old mother. You depend on your mother for financial support. You have an alcohol abuse problem and use a variety of other drugs. You often come home high and become really angry when your mother questions your life style. You have broken furniture, cursed at and shoved your mother, forged her name on checks. She has used her funds to get you out of jail and to pay the numerous fines you have received for various infractions of the law.

WEALTHY QUADRIPLEGIC

You inherited great wealth and maintained a jet-set lifestyle. You are now 30 years old and have been paralyzed since a ski accident two years ago. You went out on the slopes when you were high, skied into an off-limits area, hit a rock and were thrown into a tree. One person died in the effort to rescue you. Since your accident, you have become a serious advocate for disabled people. You have used your funds to help develop innovative programs of rehabilitation for individuals without resources.

VICTIM OF ELDER ABUSE

You are 67 years old. You are a victim of abuse, neglect, and exploitation. You rely on your daughter for care. She has continually failed to provide adequate care. She always has excuses and means to do better. In the meantime, she has lived off of your income and has depleted your savings. An elder abuse caseworker has worked with you for a year, but you have been unwilling to make any change in the situation. You do not want to put your daughter out on the street. You do not want her to be confronted about any of the problems. You want her to be more responsible and loving. You keep hoping she will change.

APPENDIX B

TRAINING EVALUATION

TRAINING EVALUATION

TRAINING DATE: ____________________ TOPIC: ________________________

PLEASE TAKE A FEW MOMENTS TO COMPLETE THE FOLLOWING EVALUATION FOR TODAY'S TRAINING. YOUR FEEDBACK WILL HELP TO MODIFY THE PROGRAM TO MAKE IT MORE EFFECTIVE IN THE FUTURE.

Overall, how did you feel about today's training?

BORED TO DEATH	1	2	3	4	5	CONSTANTLY STIMULATED

How did you feel about the enthusiasm of the trainer for the subject?

TOTALLY BORED	1	2	3	4	5	CONSTANTLY ENTHUSIASTIC

How knowledgeable was the trainer on the subject matter?

KNEW NOTHING	1	2	3	4	5	WERE EXPERTS

How well did the trainer use her voice, vocabulary, etc. to communicate?

WERE TERRIBLE	1	2	3	4	5	WERE EXCELLENT

How appropriate was the subject matter in helping you in your work?

NOT AT ALL	1	2	3	4	5	EXCEPTIONALLY APPROPRIATE

To what extent did you learn something that you didn't already know?

NOTHING NEW	1	2	3	4	5	EVERYTHING WAS NEW

How helpful were the written materials that were provided to you?

WERE USELESS	1	2	3	4	5	WERE MOST HELPFUL

PLEASE ADD ANY COMMENTS THAT WOULD HELP TO IMPROVE THIS TRAINING:

ON WHAT OTHER TOPICS RELATED TO ELDER ABUSE WOULD YOU LIKE TRAINING?

APPENDIX C

CASEWORKER HANDBOOK

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

A Training for Elder Abuse and Neglect Caseworkers

CASEWORKER HANDBOOK

1993

Illinois Department on Aging

Jim Edgar, Governor

Maralee I. Lindley, Director

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

A Training for Elder Abuse and Neglect Caseworkers

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Funded by the Illinois Department on Aging through a grant from the federal Administration on Aging (Grant #90AM0447).

#1

IMPROVING OUR EFFECTIVENESS IN WORKING WITH ABUSERS

AGENDA

9:00	Welcome & Introductions
9:15	What We Know About Perpetrators
9:30	"Overboard"
10:00	Working with Perpetrators
10:45	Break
11:00	Working with Perpetrators, continued
12:30	Lunch
1:30	Intervening When Substance Abuse is an Issue
2:30	Break
2:45	Evaluating Caseworker Factors
3:00	Dealing with the Dynamics of Shame
3:30	Applying Lessons from Domestic Violence
3:55	Evaluation
4:00	Adjourn

#2

TRAINING OBJECTIVES

- Improve our skills in working with abusers.
- Practice techniques used to interview abusers.
- Recognize the importance of the caseworker in successfully addressing abuse issues.
- Understand the issues of substance abuse, shame, and feelings and their impact on abusive situations.

#3

SPECIFIC RESEARCH QUESTIONS

The purpose of the three year project was to better understand what interventions are successful in reducing the risk of future abuse, neglect, and exploitation among elder abuse victims.

1. Are certain types of abuse, neglect, and financial exploitation (ANE) more likely to have successful interventions than others?
2. Is the immediacy or severity of ANE related to future success?
3. Are there characteristics of the abuser and/or family taht predict the likelihood of success in intervening?
4. Are initial risk factors of the victim related to future success in intervening?
5. What risk factors are likely to change in successful interventions?
6. Is there a pattern of services related to successful and unsuccessful interventions, or is success more related to characteristics of the victim or abuser?
7. Can successful case closure be predicted by the status of the case only 90 days after intake?
8. Does the amount of casework time spent on a case predict successful interventions?
9. Are cases of self-reported ANE more often resolved thatn cases reported by someone else?
10. Is the length of time a case stays open within an agency related to a reduction in risk?

#4

CHARACTERISTICS OF ABUSERS

- ★ Most frequently (39%), the **child** of the victim.
- ★ Almost equally split between males (54%) and females (46%).
- ★ Average age of **47 years.**
- ★ Most likely to be **Caucasian** (68%) -- as were the victims.
- ★ Virtually **none** had a **formal legal relationship** to the victims at the time of the report.
- ★ Sixty percent **lived with their victims.**
- ★ 53% were also caregivers to the victims.
- ★ **Chemical dependency** was the most frequently reported barrier -- present in 13% of the cases.

#5

CHARACTERISTICS OF VICTIMS

★ The most frequently reported abuse was **financial exploitation** (49%), followed by:

- emotional abuse (36%),
- neglect (33%), and
- physical abuse (22%).

★ Most often reported by **social workers.**

★ Ages ranged from 60 to 99, averaging **77 years.**

★ 72% were **Caucasian.**

★ 73% were **female.**

★ 52% were **widowed.**

★ 74% **lived in their own homes.**

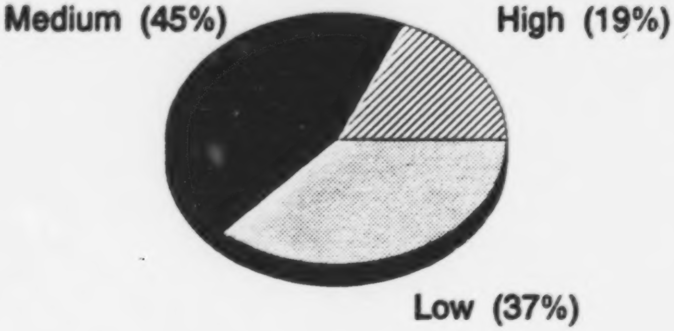
★ Most (73%) **lived with someone else.**

★ The predominant barrier was **functional impairment** (33%).

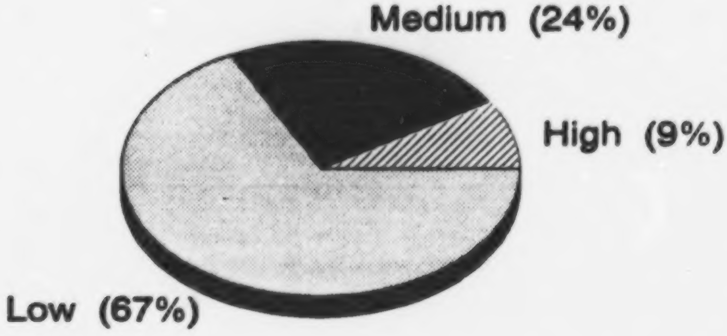
★ Substance abuse was a barrier for 3%.

#6

Overall Risk Score at Intake



Overall Risk Score at Closure



#7

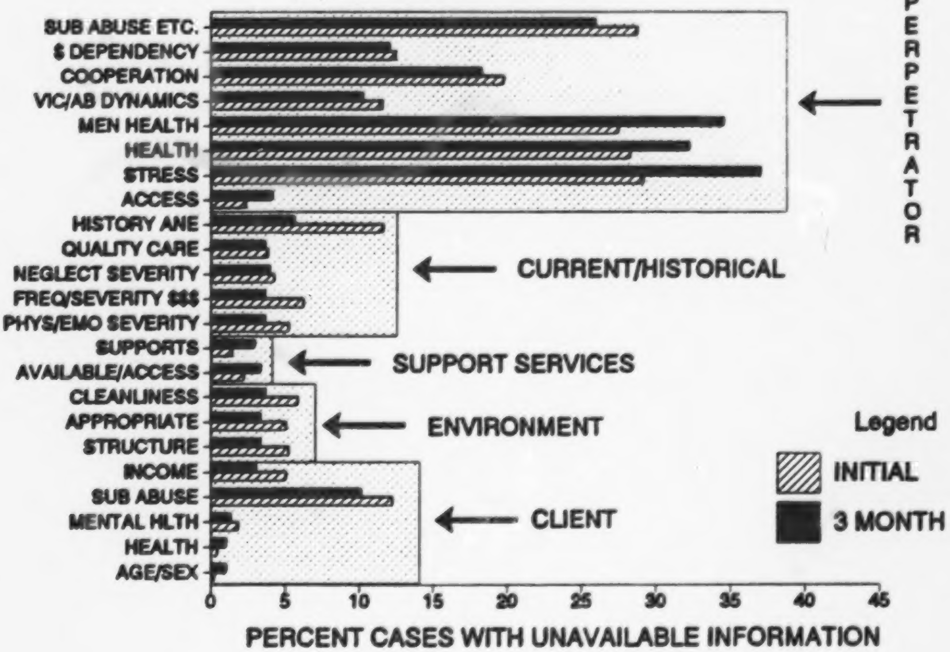
CASES THAT STAY HIGH RISK

- **Perpetrator** overreacts or **inappropriately reacts to stress** or suffers chronic fatigue.
- Sex abuse or **escalating pattern** of severe abuse.
- **Perpetrator financially dependent** on victim.
- **On-going history or pattern** of increasing abuse or previous substantiated reports.
- **Chronic substance abuse, alcoholism** or other special problem of perpetrator.

#8

RISK INFORMATION UNAVAILABLE

(INITIAL & 3 MONTHS)



#9

WHAT SHOULD BE KNOWN ABOUT ABUSERS

- ★ Access to the victim
- ★ Stress in home and response
- ★ Physical health
- ★ Mental/emotional health
- ★ Perpetrator-victim dynamics
- ★ Cooperation with investigation
- ★ Financial resources
- ★ Substance abuse or other special problems

#10

LIFEBOAT RULES

- Everyone has a chance to survive if one less is in the boat.
- One person has to be thrown overboard.
- No one can volunteer.
- Decision must be made by the whole group. (Unanimous except for one to go over)
- Direct questions must be answered honestly.
- The rules can't be changed.

WORKING WITH PERPETRATORS

#11

ANE INTAKE FORM

SECTION A: CASE CONTROL INFORMATION

CLIENT #	DATE OF INTAKE	INTAKE TIME ☐ AM ☐ PM	AGENCY NAME	TYPE ☐ 800U ☐ RAA ☒ AGENCY

SECTION B: VICTIM INFORMATION

ALLEGED VICTIM'S NAME Elizabeth "Libby" Lovey	AGE 73	PHONE 555-1234

ADDRESS (street, city, county, zip): 1234 E. Long St., Big City IL

DIRECTIONS TO THE HOME:

BEST TIME/PLACE TO REACH ALLEGED VICTIM: Home all the time

SECTION C: PRIORITY AND DANGER

REASON REPORT WAS CATEGORIZED AS ELDER ABUSE

PRIORITY CODE ☐ I ☒ II ☐ III

CLIENT IN IMMEDIATE DANGER? ☒ NO ☐ YES ☐ UNKNOWN - SPECIFY:

CLIENT IN NEED OF IMMEDIATE ASSISTANCE? ☒ NO ☐ YES ☐ UNKNOWN - SPECIFY:

DANGEROUS SITUATION? ☐ NEIGHBORHOOD? ☐ ANIMALS? ☒ DRUGS? ☐ WEAPONS? ☐ UNKNOWN - EXPLAIN:

Per reporter, alleged abuser seems to be "high" sometimes

SECTION D: ABUSER INFORMATION

NUMBER OF ALLEGED ABUSERS 1

ABUSER #1 NAME Dara Dutiful		ABUSER #2 NAME	
ADDRESS 510 N. Short St. Big City, IL		ADDRESS	
PHONE 555-2456	AGE 45	PHONE	AGE
RELATIONSHIP TO ALLEGED VICTIM Daughter		RELATIONSHIP TO ALLEGED VICTIM	

#12

SECTION E: DESCRIPTION OF THE REPORT

REPORTER'S STATEMENT

Reporter said she & alleged abuser share caregiving responsibity for Mrs. Lovey, who has been dx'd w/ M.S for many years. Mrs. Lovey can be alone overnight - able to call for help, but needs assistance in all ADL. "Aunt Libby complains that she can't buy things she needs because of Dara." "Dara hasn't been feeding Aunt Libby when she's supposed to and has let her lie in a mess." "She hasn't taken her to see her doctor." (Physician is IMA HEALER, MD, at Big City Clinic.)

ABUSE(S) SUSPECTED:

☐ PHYSICAL ☐ SEXUAL ☐ EMOTIONAL ☐ CONFINEMENT ☒ P. NEGLECT ☐ DEPRIVATION ☒ FIN. EXPLOITATION

IS CLIENT AWARE OF THE REPORT? ☐ YES ☒ NO

IS ABUSER AWARE OF THE REPORT? ☐ YES ☒ NO

SECTION F: REPORTER INFORMATION

REPORTER NAME Nancy Niece

PHONE 555 - 6789

WILL PROVIDE FURTHER INFO? ☒ YES ☐ NO

ADDRESS 234 E. Narrow St., Big City, IL

REPORTER TYPE (CHECK MOST APPROPRIATE BOX)

☐ SELF
☐ SPOUSE
☐ PARENT
☐ CHILD
☒ OTHER RELATIVE niece
☐ NEIGHBOR
☐ SOCIAL WORKER
☐ NURSE
☐ MEDICAL PERSONNEL
☐ PHYSICIAN
☐ HOSPITAL
☐ CARETAKER (NON-REL)
☐ HOUSEMATE (NON-REL)
☐ LEGAL GUARDIAN
☐ PARAPROFESSIONAL
☐ LAW ENFORCEMENT
☐ IN-HOME WORKER
☐ ALLEGED ABUSER
☐ ANONYMOUS
☐ ATTORNEY
☐ OTHER (SPECIFY):

OTHERS WITH INFORMATION	NAME None accoding to Reporter	ADDRESS	
	RELATIONSHIP TO ALLEGED VICTIM	AWARE? ☐ YES ☐ NO	PHONE
	NAME	ADDRESS	
	RELATIONSHIP WITH ALLEGED VICTIM	AWARE? ☐ YES ☐ NO	PHONE

SECTION G: AGENCY REFERRAL

REFERRAL DATE	REFERRAL TIME	AGENCY NAME	PHONE	AGENCY CODE
WORKER RECEIVING REFERRAL		REPORT TAKER	REPORT TAKER PHONE:	

SECTION H: REPORT TYPE

TYPE OF REPORT ☐ INITIAL ☐ RELATED INFORMATION ☐ SUBSEQUENT

#13

BEGINNING INTERVIEWS WITH ALLEGED PERPETRATORS

After reviewing the Lovey Intake with your supervisor, you go the next morning to Mrs. Lovey's home.

Mrs. Lovey is alone. She shouts from the bed for you to come in. She has not been cleaned up yet this morning, and there is a strong odor of urine and feces. Mrs. Lovey is very thin.

You notice that her glasses are broken and have been taped together. The tape looks like it's been there a while. When you comment that it looks like she's had a problem with her glasses, Mrs. Lovey indicates it's been a long time problem, but she hasn't been able to afford to replace them.

Mrs. Lovey is rather vague throughout the interview. She is not clear on whether she is expecting her daughter or her niece to come and assist her this morning. You administer a mental status exam, but it is not conclusive. She is willing for you to talk with anyone you want. She doesn't seem to understand what you are concerned about, but makes some vague complaints that everything is not like she wants it.

While you are there, someone else arrives. She comes into the house with a "yoo-hoo" and when she sees you, she introduces herself as Dara Dutiful.

#14

INTERVIEWING MS. DUTIFUL

☞ Introduce Yourself to Ms. Dutiful.

☞ Make a response.

☞ How do you start the interview upon your return?

#15

SUMMARY OF PRINCIPLES

- ★ Be aware of the likely responses to your questions.
- ★ Avoid questions that presume guilt.
- ★ Avoid questions that you can get alot of NO answers.
- ★ The interview with the perpetrator does not need to be confrontation or an interrogation.
- ★ Practice your pattern/style of interviewing.
- ★ Focus on the content of the report rather than a report has been made.
- ★ Be inclusive.
- ★ Be neutral (during the investigation) - do not assume guilt.

#16

MAINTAINING NEUTRALITY

- Frame inquiries in neutral, objective language.
- Refer to objective behaviors.
- Work with victim to develop a positive way to approach alleged perpetrator.
- Determine relationships.
- Use same form of address for av & ap, especially during assessment phase.
- Try to give equal attention: eye contact, time, positioning, etc.
- Maintain a neutral expression.
- Provide a model:
    - active listening
    - reframing into neutral terms
    - respectfulness
- Do not react to profanity or other testing.

#17

REFRAME THE FOLLOWING STATEMENTS

- There has been a report that you are neglecting your mother's care.

- Your mother tells me that she's not getting all the help she needs.

- Your dad doesn't have enough money to pay all his own bills, but he tells me he is having to support you, too.

#18

RESPOND TO THESE STATEMENTS AND BE A MODEL

- My mother is a demanding bitch who is always criticizing everything I do.

- My sister is a little prima donna who is always taking advantage of mother.

- I don't know what you think you are doing sticking your nose in my business, you m-f b-. What my father and I do with money is our business.

#19

ALLEGED VICTIM RELUCTANT TO APPROVE CONTACT WITH ALLEGED ABUSER

- Educate without lecturing.
- Do not over-explain.
- Do not get sidetracked.
- Ask more questions.
- Avoid false promises.
- State your concerns honestly.
- Don't argue irrelevancies.
- Use authority (cautiously)

#20

INTERVIEW TIPS

★ Looping:

- bring discussion back to something alleged abuser said earlier
- use alleged abuser's own words
- provides organization & positive rapport

★ Recognition:

- direct sincere praise to alleged abuser when there is an opportunity

  "you're giving me information that is very helpful."

★ "T" funnel:

- begin with broadest open ended question

  "tell me about . . . "

- Gradually narrow scope
- use closed ended questions to confirm facts

INTERVENING WHEN SUBSTANCE ABUSE IS AN ISSUE

#21

A REALISTIC LOOK AT SUBSTANCE ABUSE, MENTAL ILLNESS, AND FINANCIAL DEPENDENCE

- 50% of the homeless are either mentally ill or substance abusers.
- Lack readily available treatment programs.
- No therapy is 100% effective.
- High recidivism rates.
- Assistance programs have been cut back.
- Conclusion:
  - Difficult & Complex Problems
  - Society doe not have all the answers
  - Work to minimize the risk to our clients within this context
  - Caseworkers need to be realistic

#22

SIGNS OF SUBSTANCE ABUSE

- Alcohol on breath.
- Frequent accidents.
- Mood changes.
- Withdraws from activities.
- Stains on carpet.
- Cigarette burns on clothes.
- Bloated look.
- Dilated eyes.
- Drug paraphernalia.
- Loose leaves and seeds, blotter of cartoon figures, cigarette wrapping papers.
- Lots of empty bottles in trash.
- Possessions disappear, including prized ones.
- Loss of control.
- Confused.

#23

ENABLING BEHAVIOR =

- Helping one avoid dealing with the problem of substance abuse.
- Denying or ignoring behaviors which indicate substance abuse.
- Participating with substance abuser.
- Being responsible for substance abuser by doing chores, paying bills, etc.
- Protecting substance abusers from consequences of their actions:
    - picking them up
    - cleaning them up
    - driving for them
    - lying or making excuses for them
    - arranging schedule around them

#24

STAGES IN MODIFYING ADDICTIVE BEHAVIORS

☞ *Precontemplation:*

No intention to change in foreseeable future; may enter treatment under pressure from others.

☞ *Contemplation:*

Aware there is a problem, weighing pros and cons, seriously thinking about overcoming problem.

☞ *Preparation:*

Intending to change, small steps may have been taken, decision-making.

☞ *Action:*

Modifying behavior, for one day to six months; expending considerable time and energy.

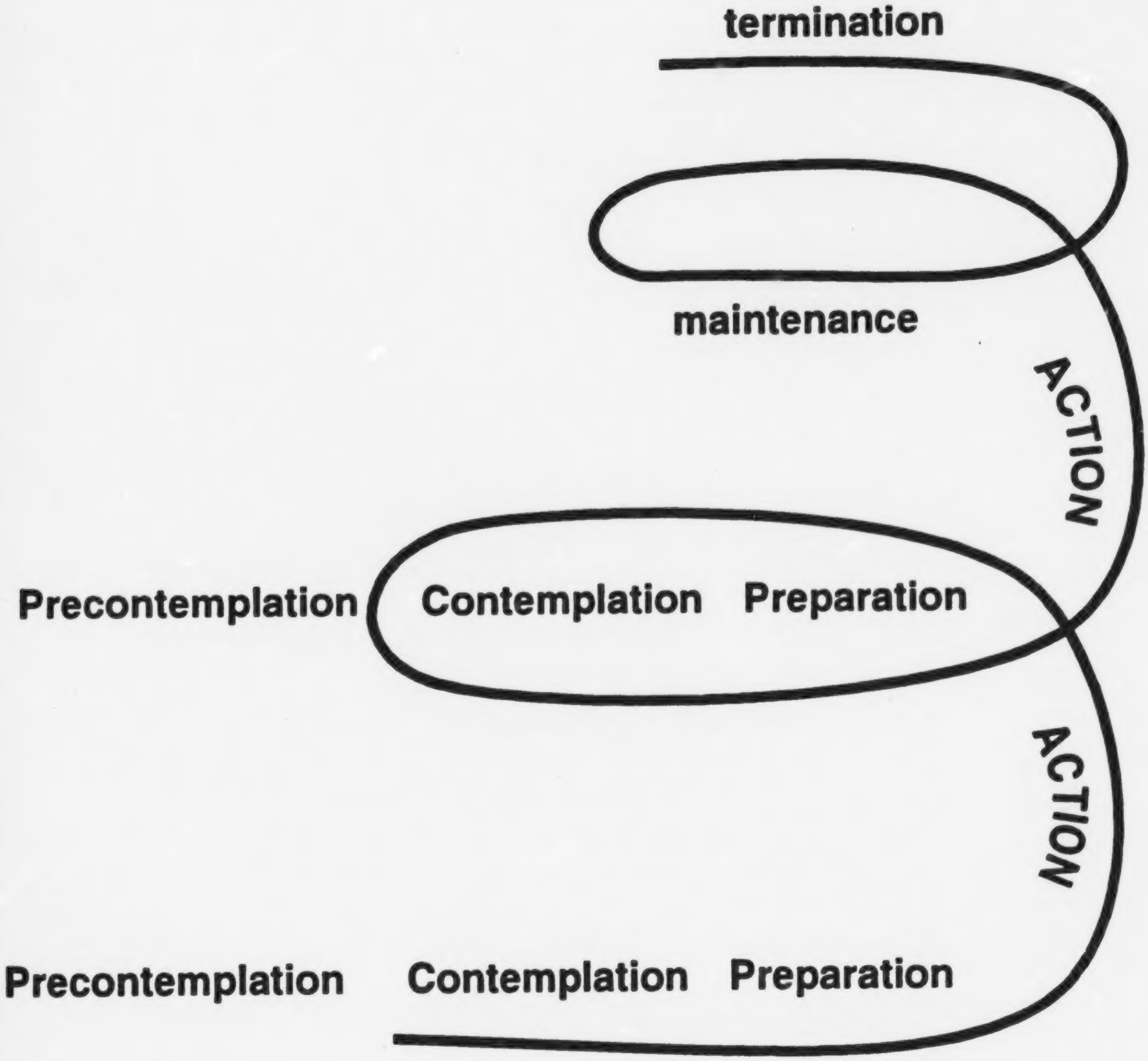
☞ *Maintenance*:

Avoiding relapse; stabilizing behavior change.

(NOTE: From Prochaska, Diclemente, Norcross)

#25

SPIRAL MODEL OF STAGES OF CHANGE


termination
maintenance
ACTION
Precontemplation
Contemplation
Preparation
ACTION
Precontemplation
Contemplation
Preparation

Titles, Definitions, and Representative Interventions of the Processes of Change

Processes of Change	Definitions: Interventions
Consciousness raising	Increasing information about self and problem: observations, confrontations, interpretations, bibliotherapy
Self-reevaluation	Assessing how one feels and thinks about oneself with respect to a problem: value clarification, imagery, corrective emotional experience
Self-liberation	Choosing and commitment to act or belief in ability to change: decision-making therapy, New Year's resolutions, logotherapy techniques, commitment enhancing techniques
Counterconditioning	Substituting alternatives for problem behaviors: relaxation, desensitization, assertion, positive self-statement
Stimulus control	Avoiding or countering stimuli that elicit problem behaviors: restructuring one's environment (e.g., removing alcohol or fattening foods), avoiding high risk cues, fading techniques
Reinforcement management	Rewarding one's self or being rewarded by others for making changes: contingency contracts, overt and covert reinforcement, self-reward
Helping relationships	Being open and trusting about problems with someone who cares: therapeutic alliance, social support, self-help groups
Dramatic relief	Experiencing and expressing feelings about one's problems and solutions: psychodrama, grieving losses, role playing
Environmental reevaluation	Assessing how one's problem affects physical environment: empathy training, documentaries
Social liberation	Increasing alternatives for nonproblem behaviors available in society: advocating for rights of repressed, empowering, policy interventions

James O. Prochaska, Carlo C. DiClemente, John C. Norcross, "In Search of How People Change: Applications to Addictive Behaviors," American Psychologist, Vol. 47, No. 9, p. 1108. September, 1992.

#26

STAGES OF CHANGE IN WHICH PARTICULAR PROCESSES OF CHANGE ARE EMPHASIZED

Precontemplation	*Contemplation*	*Preparation*	*Action*	*Maintenance*
Consciousness raising				
Dramatic relief				
Environmental reevaluation				
	Self-reevaluation			
		Self-liberation		
			Reinforcement management	
			Helping relationships	
			Counterconditioning	
			Stimulus control	

#27

WORKING WITH THE VICTIM WHEN PERPETRATOR IS SUBSTANCE ABUSER

1. Clearly identify the problem.

2. Educate elder about enabling behavior.

3. Consider the "stage" when offering alternatives.

4. Discourage confrontation. (An "intervention" should be made only with professional staff of substance abuse treatment agency.)

5. Reduce isolation.

6. Remain non-judgmental. Don't show frustration if elder doesn't act. (Tough love isn't easy.)

7. Remember, we can't "fix" for the elder.
   We don't "own" the problem.

8. Work with supervisor and a multidisciplianry team to determine when it is time to walk away.

#28

INTERVIEW QUESTIONS

★ Questions to help elder identify possible substance abuse problem.

★ Questions to help elder recognize enabling behavior

★ Questions to help elder recognize danger.

EVALUATING CASEWORKER

FACTORS

#29

DIFFERENCES BETWEEN GOOD AND POOR PROBLEM SOLVERS

◆ ***Good Problem Solvers***

- * Read a problem and decide how to begin attacking it.
- * Bring their knowledge to bear on a problem.
- * Go about solving a problem systematically.
  (For example, trying to simplify it, puzzling out key terms, or breaking the problem into subproblems.)
- * Tend to trust their reasoning and to have confidence in themselves.
- * Maintain a critical attitude throughout the problem-solving process.

#30

◆ *Poor Problem Solvers*

- Cannot settle on a way to begin.
- Convince themselves they lack sufficient knowledge (even when that is not the case).
- Plunge in, jumping haphazardly from one part of the problem to another, trying to justify first impressions instead of testing them.
- Tend to distrust their reasoning and to lack confidence in themselves.
- Lack a critical attitude, and take too much for granted.

From Benjamin Bloom and Lois J. Border, Problem-Solving Processes of College Students, Chicago: University of Chicago Press, 1950, pp. 25-30.

THE ART OF THINKING. Vincent Ryan Ruggiero, New York: HarperCollins, 1991, 3rd ed.)

"We are victimized by narrow perspectives ... in our view of our own potential. . . We see only what we are and never realize the larger part of us: what we have the capacity to be.. . . Our development and our degree of success are strongly influenced by the way others regard us. In one experiment, researchers administered an intelligence test to an entire elementary school. The researchers told the faculty that the test would identify students who were ready to undergo a "learning spurt." Actually, the test did no such thing: The testers merely selected some students at random and identified them as the ones whose learning would enjoy a spurt. Teachers were subsequently observed using the same materials and methods for these students as for others. Nevertheless, at the end of the year, when the researchers again tested the student body, they found that the students that had been singled out had gained twice as many IQ points as the other students.

What was responsible for this gain? Obviously the teachers had formed favorable attitudes toward these students and unconsciously transmitted their attitudes to the students. The students' self-images, in turn, were ultimately changed." (citing D. Wallechinsky and I. Wallace, The People/s Almanac, v. 1, New York: Doubleday, 1975, p. 1089.

HOW DOES THE CASEWORKER'S ATTITUDE TOWARD THE ELDER AND PERPETRATOR PREDISPOSE THE OUTCOME OF INTERVENTIONS?

Also in Art of Thinking citing People's Almanac:

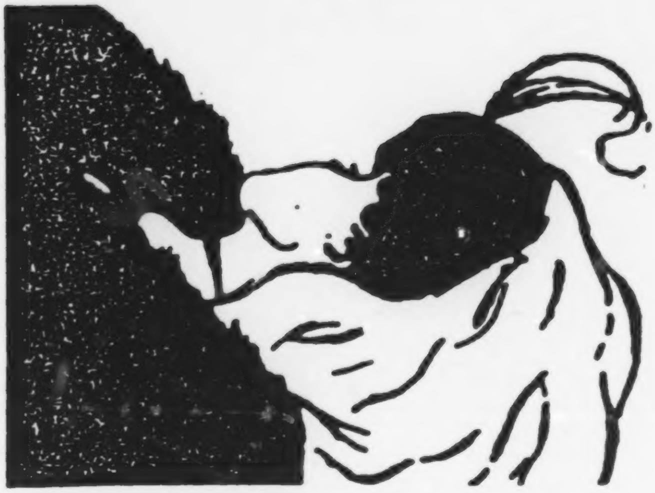
"If that experiment seems surprising, the following one, similar in its design, will seem astounding. Laboratory assistants were assigned the task of teaching rats to run a maze. They were told the rats were in two groups, fast learners and slow learners. Actually, all the rats were identical. After the test period, the rats that had been designated fast learners were found to have learned the maze better than the other rats. Like the schoolteachers, the lab assistants had formed preconceived notions about the rats, and those notions had not only affected the degree of patience and the amount of attention and encouragement the assistants displayed with the rats but also actually influenced the rats/ performance."

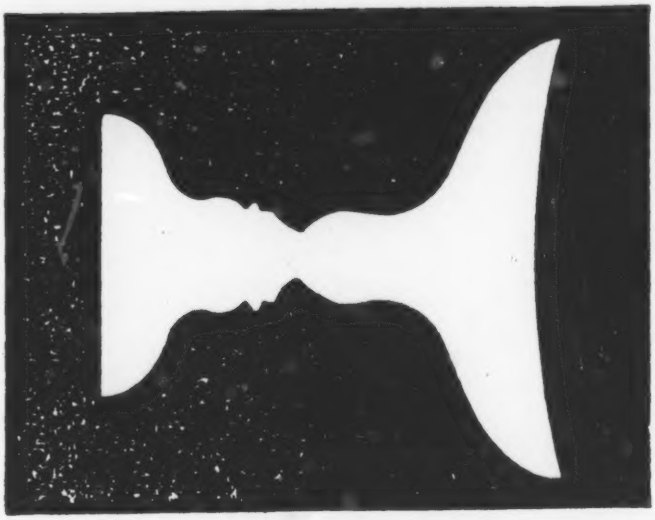
Also from Art of Thinking citing D.S. Hiroto, "locus of Control and Learned Helplessness," Journal of Experimental Psychology 102 (1974):187-193. See also C. Diener and C. Dweck, "An Analysis of Learned Helplessness," Journal of Personality and Social Psychology 39 (1980):5.

"Studies show that confused, defeatist, helpless reactions are not inborn in us. They are learned. In one study people were given problems they were told could be solved but which in fact would not be. As their efforts to solve the problems failed, the subjects experienced increasing frustration, until they finally accepted their helplessness and gave up. The real point of the study, though, came later. When the same people were given solvable problems, they continued to act helpless and to give up without really trying."

"One of the distinguishing marks of many successful people is their refusal to define themselves by other people's assessments." (Churchill, Edison, Einstein)

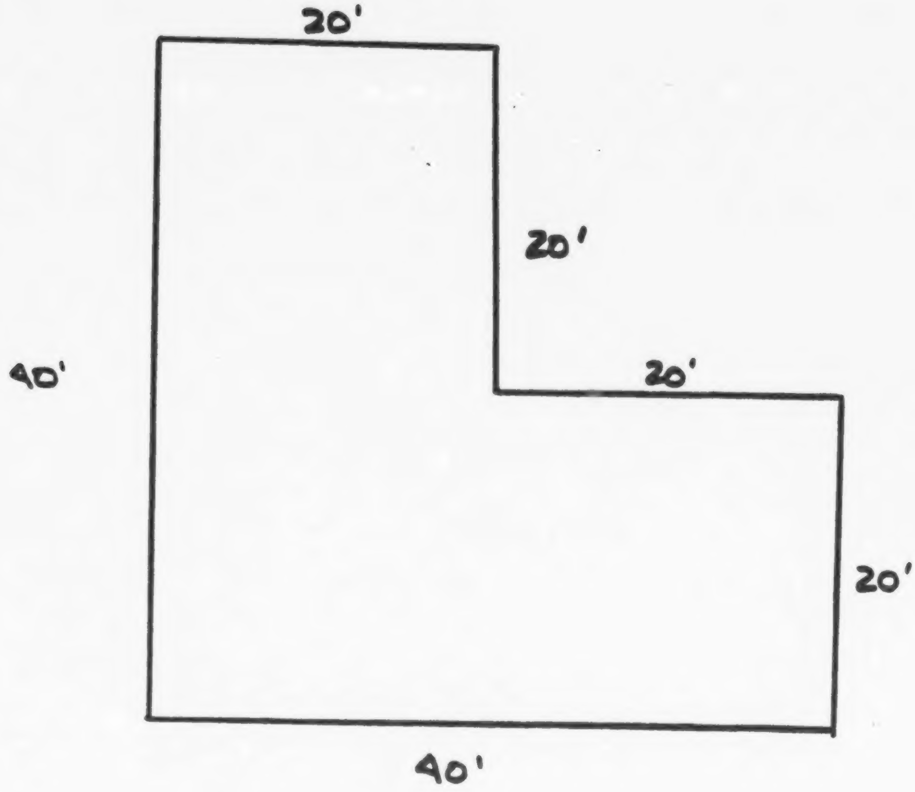
#31





#32

CREATIVITY EXERCISE: You and three friends share a back garden drawn below. You want to divide it into four areas, all the same size and same shape.



#33

WORKER FACTORS: FOOD FOR THOUGHT

- In addressing abuse/neglect/exploitation situations, what kind of a problem solver are you?

- Does your attitude toward the elder and the perpetrator predispose the outcome of interventions?

- In trying to confront the difficult and complex problems of abuse/neglect/exploitation, have you become a victim of learned helplessness?

- Are you able to interact with other workers and supervisor to stimulate creativity?

- Do you believe that you can make a difference?

- What kind of messages do you give yourself?

- If you were completing a "Risk Assessment Form" that included Worker Factors, how would you rate yourself on:

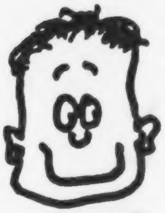
Attitude	Motivation
Self-Talk	Creativity

Overheads #34 and #35

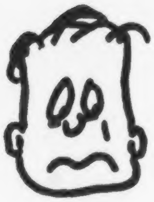
RESERVE

FEELINGS AND SHAME

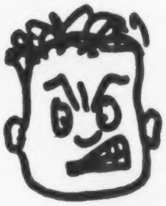
#36



GLAD



SAD



MAD

FEELINGS

#37

WHAT SOCIETY TELLS US ABOUT FEELINGS

- They are not acceptable
- Hide them
- "You shouldn't feel that way"
- Fear is weakness
- Men don't cry

#38

RECOGNIZE & ACKNOWLEDGE EMOTIONS

Active Listening

Name It

Validate It

Move On

#39

FAMILY OF SHAME

Shame is an umbrella for a family of experiences:

worthlessness
embarrassment
lost
helpless
powerless
confused
awkward
rejected

guilt
hurt
humiliation
bad
silly
stupid
loss of face
foolish

#40

SHAME CUES

- ☞ hand over mouth
- ☞ nervous laugh
- ☞ eyes averted
- ☞ gesturing others away with hand
- ☞ blaming others
- ☞ withdraws physically: increases space
- ☞ instantly angry & defensive

#41

SHAME-RAGE SPIRAL

get angry

unload on person

embarrassed by it

mad at self

guilt

angry

unload

etc.

Current perspectives on shame:

- ★ Conflict is constructive or destructive, depending on management of shame. (Retzinger)
- ★ All human violence caused by inadequate bond, alienation with shame. (Scheff)
- ★ Being warm and caring is not enough. Be careful to be respectful and enable to save face. (Johnston)

#42

WORKING WITHIN THE FRAMEWORK OF SHAME

- The victim's shame:

  List ways in which victim blames self.

- The abuser's shame:

  List ways in which shame manifests itself.

- How can we help both to save face?

- Does our desire to save face sometimes interfere with our effectiveness?

- The tightrope we walk with abusers:

  These behaviors don't make you a bad person, but they cannot be tolerated because they bring harm to someone else.

#43

USING SUPPORTIVE COMMUNICATION TO AVOID CREATING MORE SHAME - ANGER

Supportive	***Creates More Shame***
Descriptive	Evaluative
Problem oriented	Controlling
Spontaneous	Manipulative
Equal	Superior
Flexible	Certain

From J. Gibb, "Defensive Communication" Journal of Communication, 11 (3), 141-148.

APPLYING LESSONS FROM

DOMESTIC VIOLENCE

#44

LESSONS FROM DOMESTIC VIOLENCE

- Importance of education

- Importance of support groups

- Importance of criminal sanctions
    - arrests
    - orders of protection
    - prosecutions

#45

Dec. 29

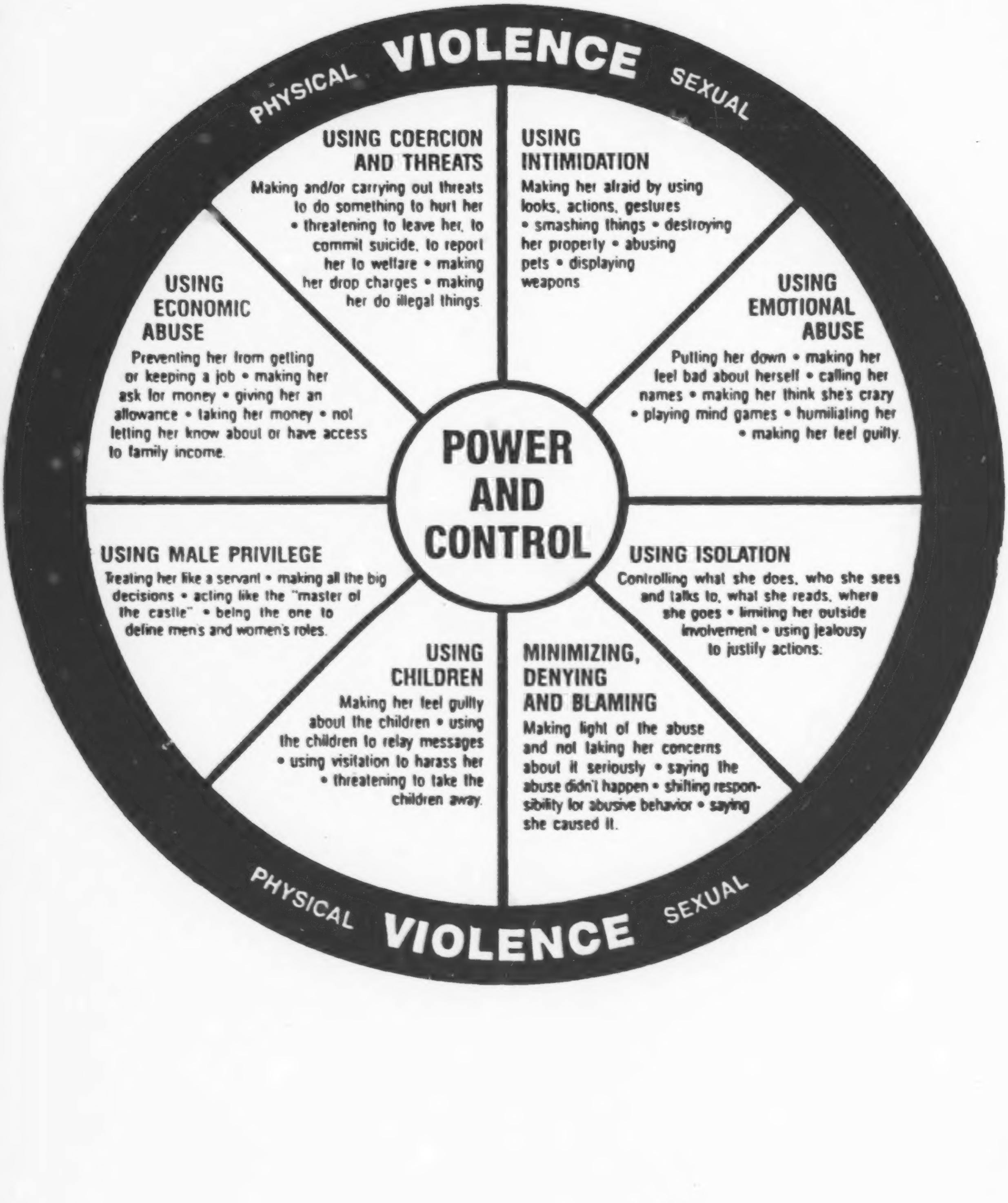
• [redacted] pleaded guilty to DUI. 12 months court supervision, $400 fine, $15 per month for the services of the probation department and ordered to successfully complete alcohol evaluation and follow-up treatment.

#46

EDUCATIONAL MATERIALS: BE PREPARED

- Cycle of Violence
- Power/Control Wheel
- Domestic Violence Shelters
- Criminal Sanctions
- Crisis Intervention Phone Numbers
- Signs of Substance Abuse
- Stages of Alcoholism
- Alcohol/Drug Treatment Programs in Area: Out-Patient & In-Patient
- Health & Mental Health Brochures: Co-Dependency, Enabling, etc.
- Support group meetings schedule: AA, Al-Anon, ACoA, etc.

Go home & prepare a packet !



POWER AND CONTROL

USING COERCION AND THREATS

Making and/or carrying out threats to do something to hurt her • threatening to leave her, to commit suicide, to report her to welfare • making her drop charges • making her do illegal things.

USING INTIMIDATION

Making her afraid by using looks, actions, gestures • smashing things • destroying her property • abusing pets • displaying weapons

USING EMOTIONAL ABUSE

Putting her down • making her feel bad about herself • calling her names • making her think she's crazy • playing mind games • humiliating her • making her feel guilty.

USING ISOLATION

Controlling what she does, who she sees and talks to, what she reads, where she goes • limiting her outside involvement • using jealousy to justify actions.

MINIMIZING, DENYING AND BLAMING

Making light of the abuse and not taking her concerns about it seriously • saying the abuse didn't happen • shifting responsibility for abusive behavior • saying she caused it.

USING CHILDREN

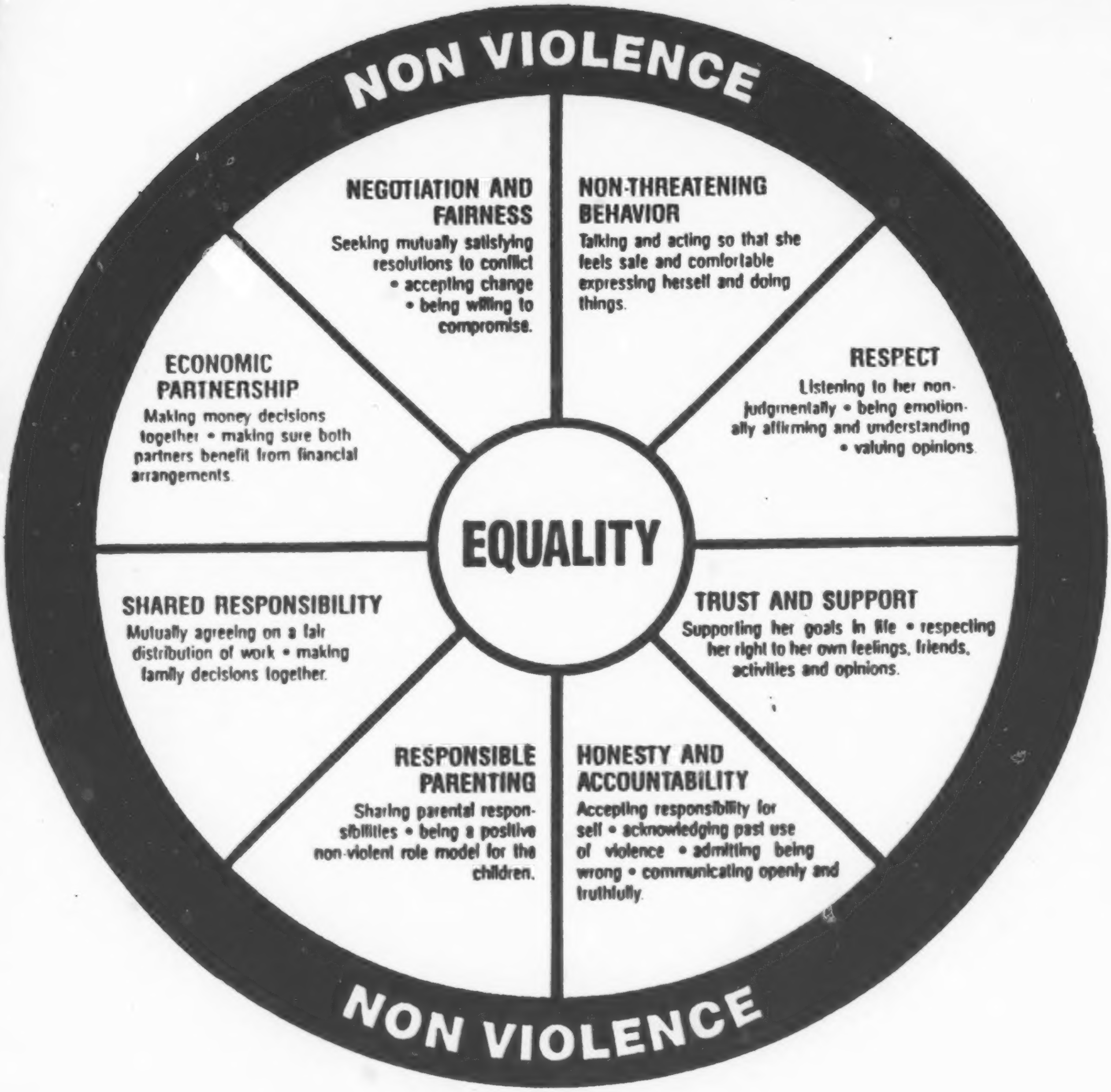
Making her feel guilty about the children • using the children to relay messages • using visitation to harass her • threatening to take the children away.

USING MALE PRIVILEGE

Treating her like a servant • making all the big decisions • acting like the "master of the castle" • being the one to define men's and women's roles.

USING ECONOMIC ABUSE

Preventing her from getting or keeping a job • making her ask for money • giving her an allowance • taking her money • not letting her know about or have access to family income.



NEGOTIATION AND FAIRNESS
Seeking mutually satisfying resolutions to conflict • accepting change • being willing to compromise.

NON-THREATENING BEHAVIOR
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

RESPECT
Listening to her non-judgmentally • being emotionally affirming and understanding • valuing opinions.

TRUST AND SUPPORT
Supporting her goals in life • respecting her right to her own feelings, friends, activities and opinions.

HONESTY AND ACCOUNTABILITY
Accepting responsibility for self • acknowledging past use of violence • admitting being wrong • communicating openly and truthfully.

RESPONSIBLE PARENTING
Sharing parental responsibilities • being a positive non-violent role model for the children.

SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work • making family decisions together.

ECONOMIC PARTNERSHIP
Making money decisions together • making sure both partners benefit from financial arrangements.

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